

PLANNING COMMISSION

City Hall
61 Church Street
Amsterdam, NY 12010

Elaine Santiago-Chairman
20 Frederick Street
Amsterdam, NY 12010

Kathy Peluso
284 Guy Park Avenue
Amsterdam, NY 12010

Michael Palumbo-Co-Chairman
29 Wilkes Avenue
Amsterdam, NY 12010

Sandy Griffin
106 Princeton Street
Amsterdam, NY 12010

Sonnet Gravina
344 Guy Park Avenue
Amsterdam, NY 12010

Diane Staber
5 Laura Street
Amsterdam, NY 12010

Donna Decker (alt)
48 Chapel Place
Amsterdam, NY 12010

June 19, 2023

A Planning Commission meeting is scheduled for **June 28, 2023, at 6 p.m.** at City Hall in the Common Council Chambers, 2nd Floor, Room 204.

1. Call to Order
2. Roll Call
3. Adoption of Agenda
4. Applications before the board:
 - **17-19 Edward Street – (23-15P)** Edward Street Associates, LLC (Dominick Arico) for a site plan approval and special use permit to build a three-story 64-unit senior housing.
 - **52 Grove Street – (23-17P)** George Soryal – for a site plan approval to make south wing a medical center/office and east wing & 2nd floor north wing will be assisted living quarters.
 - **1451 St. Hwy 5S (1549) – (23-18P)** – Mohawk Properties, LLC and Market Street Fort, LLC for a site plan approval for a real state / business holding company.
 - **1451 St. Hwy 5S (1549) – 23-19P** – Mohawk Properties, LLC and Market Street Fort LLC for a site plan approval and special use permit for a Licensed Adult – Use Cannabis Retail Dispensary.
6. Public Comment
7. Board Discussions of Applications
8. Old Business: **399 W. Main St & 52 Carmichael St – (23-03P)**
Mohawk Valley Development (Iroquois Landing) for a site plan approval and special use permit to construct two new multi-use four story buildings.
9. Special Presentations: **Sketch Plan Conference with 10 Leonard St, LLC. (Ansar Mussaleen) for self-storage facility at 10 Leonard.**
10. Discussion:
11. Adjournment

cc: Stefanie Lenkowicz, City Clerk
Michael Cinquanti, Mayor
Tony Casale, Corporation Counsel
Anthony Agresta, Fire Chief
Mike Clark, City Engineer
Joseph Szyjowski, Housing Inspector
Grant Egelston, Housing Inspector
Daniel Gray, Community & Economic Development
Gina Dabiere-Gibbs, Community & Economic Dev.
Common Council Members
Zoning Board of Appeals Members
Applicant(s)



CITY OF AMSTERDAM
PLANNING COMMISSION
AMSTERDAM CITY HALL
61 CHURCH STREET
AMSTERDAM, NEW YORK 12010
PHONE (518)841-4319 FAX (518)841-4310

Office Use Only:

Application # 23-15P

Date Received 5.8.23

PLANNING COMMISSION APPLICATION

All fields must be printed clearly or typed.

☒ SITE PLAN REVIEW ☒ SPECIAL USE PERMIT ☐ SUBDIVISION OF LAND ☐ SKETCH PLAN CONFERENCE

PROJECT NAME: 17-19 Edward Street

PROJECT ADDRESS: 17-19 Edward Street S/B/L: 56.9-2.21
Number Street

Which Zoning District is the project located within?

☐ Low Density Neighborhood ☒ Medium Density Neighborhood ☐ Medical Residential Neighborhood
☐ Downtown Core ☐ Employment District ☐ Commercial Corridor ☐ Light Industrial District

Is the property located within the Form-Based Code overlay zone? ☐ Yes ☒ No

Is the property located within the Greenway Corridor Overlay zone? ☐ Yes ☒ No

Is the property located within the Gateway Overlay zone? ☐ Yes ☒ No

Is the property located within 500 feet of the Montgomery County referral buffer zone? ☐ Yes ☒ No

Is the property located within 500 feet of a State or County highway? ☐ Yes ☒ No

APPLICANT NAME*: Edward Street Associates, LLC

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: PO Box 406 Bunt Hills NY 12020
Number Street City State Zip
Phone No. 518-573-6989 Fax Email aricoassociates@gmail.com

OWNER NAME: Edward Street Associates, LLC

Address: PO Box 406 Burnt Hills NY 12020
Number Street City State Zip
Phone No. 518-573-6989 Fax Email aricoassociates@gmail.com

ATTORNEY/ AGENT: N/A

Address: PO Box 406 Burnt Hills NY 12020
Number Street City State Zip
Phone No. Fax Email

If there are additional applicants/owners, please submit separately.

Who will be the PRIMARY contact person? ☐ Applicant ☒ Owner ☐ Agent

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT:

Construct a 24,950 sf three-story 64-unit senior housing building including site improvement for parking, landscaping, pedestrian walkways, lighting, connection to existing city sewer and water and other miscellaneous improvements.

Office Use Only:

Application # _____

Fee Schedule

Site Plan Review:	Residential:	
	Up to \$50,000.....	<input type="checkbox"/> \$50
	between \$50,000 - \$100,000.....	<input type="checkbox"/> \$100
	between \$100,000 - \$150,000.....	<input type="checkbox"/> \$150
	For every \$50,000 above \$150,000... (\$8,000 max)...	<input checked="" type="checkbox"/> \$50
Commercial:		
	Up to \$50,000.....	<input type="checkbox"/> \$75
	between \$50,000 - \$100,000.....	<input type="checkbox"/> \$150
	between \$100,000 - \$150,000.....	<input type="checkbox"/> \$225
	For every \$50,000 above \$150,000.....	<input type="checkbox"/> \$75
Special Use Permit:	Residential	<input checked="" type="checkbox"/> \$50
	Commercial	<input type="checkbox"/> \$75
All Subdivisions		<input type="checkbox"/> \$50
Total:		\$ 8,050.00

*A check payable to the City of Amsterdam must accompany this application.***Submission Deadline**

The Planning Commission meets the fourth Wednesday of each month. Dates may vary due to holidays.
Complete applications must be received 15 days prior to the next scheduled meeting to be included on the agenda.

We must receive the original, completed application packet + 11 copies.

Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? ☐ Yes ☒ No

If Yes, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

Certification, Permission, and Authorization: As the owner, leasee, or purchaser under contract for the property that is the subject of this application, I hereby certify that the above information is correct and that I have submitted herewith all documentation required or requested a waiver in writing for any documentation not submitted. I hereby authorize members of the Planning Commission and designated City of Amsterdam staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application. I hereby certify that there are no outstanding code violations on any owned properties within the City of Amsterdam for the applicant and property owner, if property owner is different from the applicant. I hereby authorize the person or entity listed herein as the Agent to represent my interests before the City in connection with this application.

Applicant Signature:  Date 04.10.23Owner Signature:  Date 04.10.23Building/Zoning official receiving application:  Date 5.8.23



CITY OF AMSTERDAM
PLANNING COMMISSION
 AMSTERDAM CITY HALL
 61 CHURCH STREET
 AMSTERDAM, NEW YORK 12010
 PHONE (518)841-4319 FAX (518)841-4310

Application # _____

SITE PLAN APPLICATION

A "Planning Commission Application" and all attachments, including any approved plan, must be submitted with this form.

ADDRESS OF SITE: 17-19 Edward Street 17-19 Edward Street
Number Street Name of Business/Tenant
Edward Street Associates, LLC
 APPLICANT'S NAME* 2/7/2023
Date

APPLICANT'S SIGNATURE*

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: PO Box 406 Bunt Hills NY 12020
Number Street City State Zip
 Phone No. (518) 573-6989 Fax _____ Email aricoassociates@gmail.com

CONTACT PERSON: Dominick Arico

Address: PO Box 406 Burnt Hills NY 12020
Number Street City State Zip
 Phone No. (518) 573-6989 Fax _____ Email aricoassociates@gmail.com

NAME OF PRESENT PROPERTY OWNER: Edward Street Associates, LLC

Address: PO Box 406 Burnt Hills NY 12020
Number Street City State Zip

PROPOSED USE: (Check where applicable and provide gross floor area for each use – including basement areas)

Use	Gross Floor Area	Use	Gross Floor Area
_____ Medical Office _____ sq. ft.		_____ Wholesale Business _____ sq. ft.	
_____ General Office _____ sq. ft.		_____ Warehouse/ Distribution _____ sq. ft.	
_____ Retail Sales _____ sq. ft.		_____ Manufacturer _____ sq. ft.	
_____ Convenience Store _____ sq. ft.		_____ Fast Food _____ sq. ft.	
<input checked="" type="checkbox"/> Apartments <u>64</u> units <u>24,950</u> sq. ft.		_____ Restaurant, Barroom _____ sq. ft.	
_____ Motel, Hotel _____ rooms _____ sq. ft.		_____ If restaurant or barroom: # of seats: _____	
_____ Storage _____ sq. ft.		_____ Other (specify) _____ sq. ft.	

Area of Parcel 2.1+/- Acres 91,476+/- Sq. Ft.

Disposition of Parcel (in square feet)	Existing	Net Increase or Decrease	Total Proposed	Total (As % of site)
Building Area	<u>0.0</u>	<u>+24,950</u>	<u>24,950</u>	<u>27.1</u>
Paved Area (incl. walks, gravel, etc.)	<u>58,370+/-</u>	<u>-21,090+/-</u>	<u>37,280+/-</u>	<u>40.9</u>
Green Area	<u>33,106+/-</u>	<u>-3,860+/-</u>	<u>29,246+/-</u>	<u>32.0</u>
Number of Parking Spaces	<u>0.0</u>	<u>+93</u>	<u>93</u>	

If change in tenant: Name of previous tenant/business: N/A

Specific activities of previous use: _____

Present (if any) number of employees at maximum shift: 0 Present (if any) number of shifts: TBD

Proposed number of employees at maximum shift: TBD Proposed number of shifts: TBD

Proposed Days & Hours of operation: N/A

SITE PLAN CHECKLIST

All items on the list must be included with the Site Plan Application

- ☒ Photographs of the property
- ☒ Aerial view of the property (Google Earth or similar) with the project location indicated
- ☒ Environmental assessment form. An application for site plan review and approval shall also be accompanied by a short or full EAP as required by SEQRA, Article 8 of the Environmental Conservation Law and Title 6 Part 617 NYCRR.

A CERTIFIED DRAWING INCLUDING THE FOLLOWING:

- ☒ Title of drawing, including name and address of applicant and person(s) responsible for preparation of such drawing.
- ☒ North arrow, scale and date.
- ☒ Accurate boundaries of the property plotted to scale, showing location & names of adjacent streets, access to adjacent streets, existing buildings and other improvements (identify use of each building), and site coverage statistics
- ☒ Preliminary drawings showing location, proposed use and height of all buildings, including:
 - ☒ General floor plans
 - ☒ Exterior elevations
 - ☒ Overall dimensions
 - ☒ Design and exterior materials
- ☒ Existing/proposed pedestrian & bicyclist accommodations
- ☐ Location of outdoor storage for equipment and materials, if any.
- ☒ Existing/proposed parking & circulation, including
 - ☒ Number of off-street parking spaces, including accessible spaces, as required by Chapter 250, Section 39
 - ☒ Bicycle parking
 - ☒ Location of off-street loading
- ☒ Fencing and/or screening
- ☒ Landscaping
- ☐ Outdoor lighting
- ☐ Signage, showing the following:
 - ☐ Placement on the building
 - ☐ Size
 - ☐ Colors
 - ☐ Material
 - ☐ Illumination

Acknowledgement. The undersigned acknowledges that he or she has provided all information and materials required herein or provided a written waiver request with a narrative justification for each item not submitted.

Applicant Signature:  **Date** 04.10.23

Building/Zoning official receiving application: _____	Date _____
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Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: Edward Street Apartments		
Project Location (describe, and attach a general location map): 17 Edward Street		
Brief Description of Proposed Action (include purpose or need): Construction of 24,950 sf, 3-story building for senior living rental units, including site improvements for parking, landscaping, stormwater management, connection to public water and sewer and general utilities.		
Name of Applicant/Sponsor: Edward Street LLC		Telephone: 518-410-2766
		E-Mail: edwardstreetllc@gmail.com
Address: PO Box 406		
City/PO: Burnt Hills	State: NY	Zip Code: 12020
Project Contact (if not same as sponsor; give name and title/role): Dominick Arico		Telephone: 518-573-6989
		E-Mail: aricoassociates@gmail.com
Address: 1407 Route 9		
City/PO: Clifton Park	State: NY	Zip Code: 12065
Property Owner (if not same as sponsor): Edward Street LLC		Telephone: 518-410-2766
		E-Mail: edwardstreetllc@gmail.com
Address: PO Box 406		
City/PO: Burnt Hills	State: NY	Zip Code: 12020

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	City Planning Commission - Special Use Permit	5/10/2023
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building Department	TBD
e. County agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☐ Yes ☒ No

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part 1

C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☒ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☒ Yes ☐ No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☒ Yes ☐ No

If Yes, identify the plan(s):

NYS Heritage Areas: Mohawk Valley Heritage Corridor

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐ Yes ☒ No

If Yes, identify the plan(s):

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No

If Yes, what is the zoning classification(s) including any applicable overlay district?

Medium Density Neighborhood

b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No

If Yes,

i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? City of Amsterdam

b. What police or other public protection forces serve the project site?

City of Amsterdam

c. Which fire protection and emergency medical services serve the project site?

City of Amsterdam

d. What parks serve the project site?

Berkley Park

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Residential

b. a. Total acreage of the site of the proposed action? 2.1 acres

b. Total acreage to be physically disturbed? 2.1 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 2.1 acres

c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: _____ months

ii. If Yes:

• Total number of phases anticipated _____

• Anticipated commencement date of phase I (including demolition) _____ month _____ year

• Anticipated completion date of final phase _____ month _____ year

• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	64
At completion of all phases	_____	_____	_____	64

g. Does the proposed action include new non-residential construction (including expansions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes,	
i. Total number of structures _____ ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length iii. Approximate extent of building space to be heated or cooled: _____ square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes,	
i. Purpose of the impoundment: _____ ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____ iii. If other than water, identify the type of impounded/contained liquids and their source. _____ iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
i. What is the purpose of the excavation or dredging? _____ ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site? • Volume (specify tons or cubic yards): _____ • Over what duration of time? _____ iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____ _____ iv. Will there be onsite dewatering or processing of excavated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe. _____ _____ v. What is the total area to be dredged or excavated? _____ acres vi. What is the maximum area to be worked at any one time? _____ acres vii. What would be the maximum depth of excavation or dredging? _____ feet viii. Will the excavation require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No ix. Summarize site reclamation goals and plan: _____ _____ _____	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____ _____ _____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments?

☐ Yes ☐ No

If Yes, describe:

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

☐ Yes ☐ No

If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____
- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water?

☒ Yes ☐ No

If Yes:

i. Total anticipated water usage/demand per day: _____ 7,040 gallons/day

ii. Will the proposed action obtain water from an existing public water supply?

☒ Yes ☐ No

If Yes:

- Name of district or service area: City of Amsterdam
- Does the existing public water supply have capacity to serve the proposal? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No
- Do existing lines serve the project site? ☒ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project?

☐ Yes ☒ No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
- Source(s) of supply for the district: _____

iv. Is a new water supply district or service area proposed to be formed to serve the project site?

☐ Yes ☒ No

If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes?

☒ Yes ☐ No

If Yes:

i. Total anticipated liquid waste generation per day: _____ 7,040 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each):
sanitary wastewater

iii. Will the proposed action use any existing public wastewater treatment facilities?

☒ Yes ☐ No

If Yes:

- Name of wastewater treatment plant to be used: City of Amsterdam
- Name of district: City of Amsterdam
- Does the existing wastewater treatment plant have capacity to serve the project? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐ Yes ☒ No

If Yes:

i. Estimate methane generation in tons/year (metric): _____

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐ Yes ☒ No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? ☐ Yes ☒ No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐ Weekend
☐ Randomly between hours of _____ to _____

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____

iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____

iv. Does the proposed action include any shared use parking? ☐ Yes ☐ No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☐ Yes ☐ No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☐ Yes ☐ No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☐ Yes ☐ No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☒ Yes ☐ No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____
TBD

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other):
on-site renewable solar; National Grid

iii. Will the proposed action require a new, or an upgrade, to an existing substation? ☐ Yes ☒ No

l. Hours of operation. Answer all items which apply.

<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 7am - 6pm • Saturday: _____ 7am - 1pm • Sunday: _____ n/a • Holidays: _____ n/a 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ n/a • Saturday: _____ n/a • Sunday: _____ n/a • Holidays: _____ n/a
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<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>n. Will the proposed action have outdoor lighting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures: <u>site light poles; various locations and on building, <12 ft; downward aim directed inward of site; 100+/-+</u></p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>_____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s): _____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ 1.0 tons per _____ month (unit of time) • Operation : _____ 0.5 tons per _____ month (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: <u>recycling containers</u> • Operation: <u>recycling containers</u> <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: <u>Local C/D disposal/recycling site</u> • Operation: <u>Local landfill/recycling centers</u> 	

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

- Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____
- Anticipated rate of disposal/processing:
 - _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
 - _____ Tons/hour, if combustion or thermal treatment
- If landfill, anticipated site life: _____ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

- Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____
- Generally describe processes or activities involving hazardous wastes or constituents: _____
- Specify amount to be handled or generated _____ tons/month
- Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____
- Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

- ☒ Urban ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)
☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____

ii. If mix of uses, generally describe:

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	58,370+/-	62,230+/-	+3,860+/-
• Forested	0.0	0.0	0.0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0.0	0.0	0.0
• Agricultural (includes active orchards, field, greenhouse etc.)	0.0	0.0	0.0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0.0	0.0	0.0
• Wetlands (freshwater or tidal)	0.0	0.0	0.0
• Non-vegetated (bare rock, earth or fill)	0.0	0.0	0.0
• Other Describe: open/grassed areas	33,106+/-	29,246+/-	-3,860+/-

c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☒ No
i. If Yes: explain: _____

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? ☐ Yes ☒ No
If Yes,
i. Identify Facilities: _____

e. Does the project site contain an existing dam? ☐ Yes ☒ No
If Yes:
i. Dimensions of the dam and impoundment:
• Dam height: _____ feet
• Dam length: _____ feet
• Surface area: _____ acres
• Volume impounded: _____ gallons OR acre-feet
ii. Dam's existing hazard classification: _____
iii. Provide date and summarize results of last inspection: _____

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? ☐ Yes ☒ No
If Yes:
i. Has the facility been formally closed? ☐ Yes ☐ No
• If yes, cite sources/documentation: _____
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____
iii. Describe any development constraints due to the prior solid waste activities: _____

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? ☐ Yes ☒ No
If Yes:
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? ☐ Yes ☒ No
If Yes:
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: ☐ Yes ☐ No
☐ Yes – Spills Incidents database Provide DEC ID number(s): _____
☐ Yes – Environmental Site Remediation database Provide DEC ID number(s): _____
☐ Neither database
ii. If site has been subject of RCRA corrective activities, describe control measures: _____
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? ☐ Yes ☒ No
If yes, provide DEC ID number(s): _____
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____

v. Is the project site subject to an institutional control limiting property uses? ☐ Yes ☒ No

- If yes, DEC site ID number: _____
- Describe the type of institutional control (e.g., deed restriction or easement): _____
- Describe any use limitations: _____
- Describe any engineering controls: _____
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☐ No
- Explain: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ +8 feet

b. Are there bedrock outcroppings on the project site? ☐ Yes ☒ No
If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site: Darian Silt Loams C/D 100 %
_____%
_____%

d. What is the average depth to the water table on the project site? Average: _____ feet

e. Drainage status of project site soils: ☐ Well Drained: _____ % of site
☒ Moderately Well Drained: 100 % of site
☐ Poorly Drained _____ % of site

f. Approximate proportion of proposed action site with slopes: ☒ 0-10%: 100 % of site
☐ 10-15%: _____ % of site
☐ 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? ☐ Yes ☒ No
If Yes, describe: _____

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? ☐ Yes ☒ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☐ Yes ☒ No
If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? ☐ Yes ☒ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name _____ Classification _____
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name _____ Approximate Size _____
- Wetland No. (if regulated by DEC) _____

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☒ No
If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? ☐ Yes ☒ No

j. Is the project site in the 100-year Floodplain? ☐ Yes ☒ No

k. Is the project site in the 500-year Floodplain? ☐ Yes ☒ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☐ Yes ☒ No
If Yes:
i. Name of aquifer: _____

<p>m. Identify the predominant wildlife species that occupy or use the project site:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">squirrels _____</div> <div style="width: 30%;">rabbits _____</div> <div style="width: 30%;">birds _____</div> </div>	
<p>n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>_____</p>	
<p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p> <p>_____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>_____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</p>	
<p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">ii. Source(s) of soil rating(s): _____</p>	
<p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p> <p>_____</p>	
<p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District ii. Name: <u>Vrooman Avenue School</u> iii. Brief description of attributes on which listing is based: _____ 	
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Describe possible resource(s): _____ ii. Basis for identification: _____ 	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify resource: _____ ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____ iii. Distance between project and resource: _____ miles. 	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify the name of the river and its designation: _____ ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

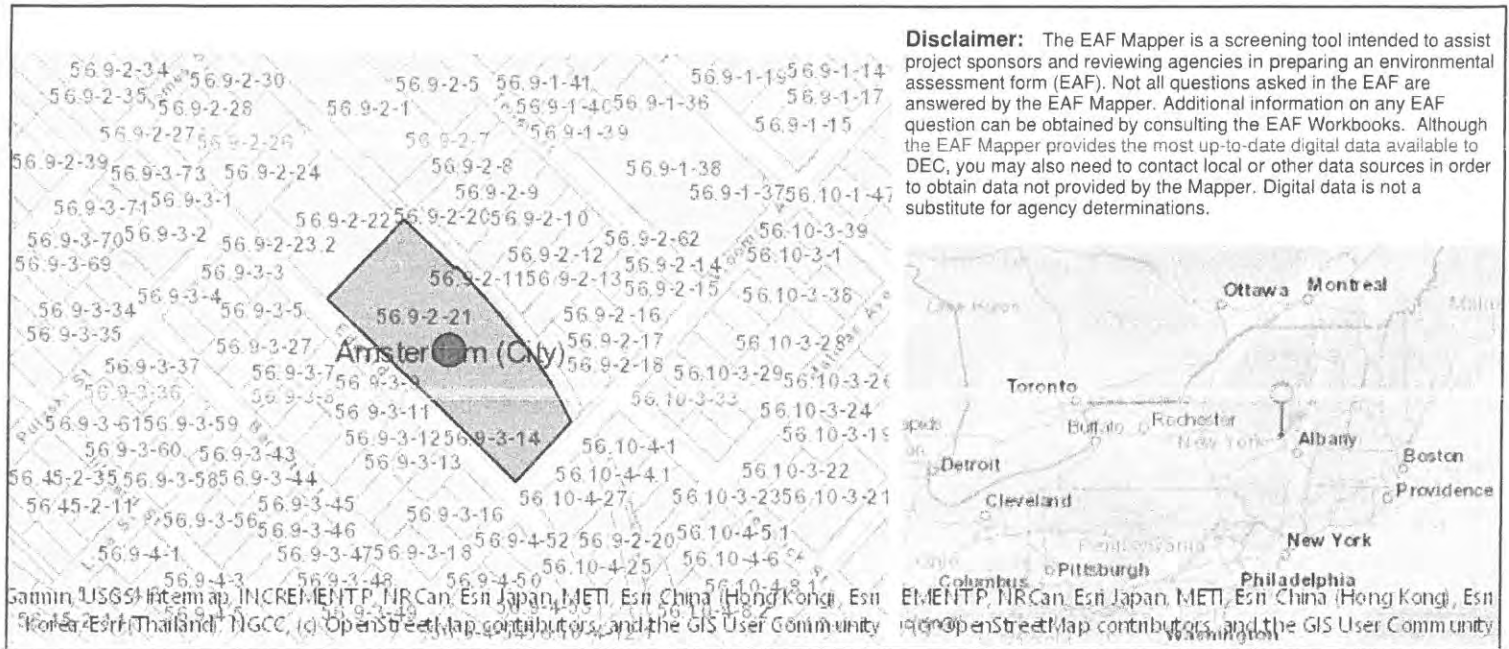
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Dominick Arico, Sponsor Date 4/9/2023

Signature  Title Project Engineer



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	Yes
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	NYS Heritage Areas: Mohawk Valley Heritage Corridor
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	No
E.2.p. [Rare Plants or Animals]	No

E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Vrooman Avenue School
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No



1st FLOOR

1st FLOOR APARTMENTS	
ADAPTABLE APARTMENTS	ACCESSIBLE APARTMENTS
1. 1-BEDROOM APARTMENT	1. 1-BEDROOM APARTMENT
2. 2-BEDROOM APARTMENT	2. 2-BEDROOM APARTMENT
3. 3-BEDROOM APARTMENT	3. 3-BEDROOM APARTMENT
4. TOTAL ADAPTABLE UNITS	4. TOTAL ACCESSIBLE UNITS



2nd FLOOR

2nd FLOOR APARTMENTS	
ADAPTABLE APARTMENTS	ACCESSIBLE APARTMENTS
1. 1-BEDROOM APARTMENT	1. 1-BEDROOM APARTMENT
2. 2-BEDROOM APARTMENT	2. 2-BEDROOM APARTMENT
3. 3-BEDROOM APARTMENT	3. 3-BEDROOM APARTMENT
4. TOTAL ADAPTABLE UNITS	4. TOTAL ACCESSIBLE UNITS

PROJECT TITLE
EDWARD STREET
PROPOSED SENIOR HOUSING
AMSTERDAM, N.Y.

OWNER(S)
EDWARD STREET ASSOCIATES, LLC
P.O. BOX 406 BURNT HILLS, N. Y. 12027

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PROJECT NO.
00-000
SUBMISSION DATE
04.10.23

SHEET TITLE
PROPOSED FIRST AND
SECOND FLOOR PLANS

SHEET NO.
SK-1.0

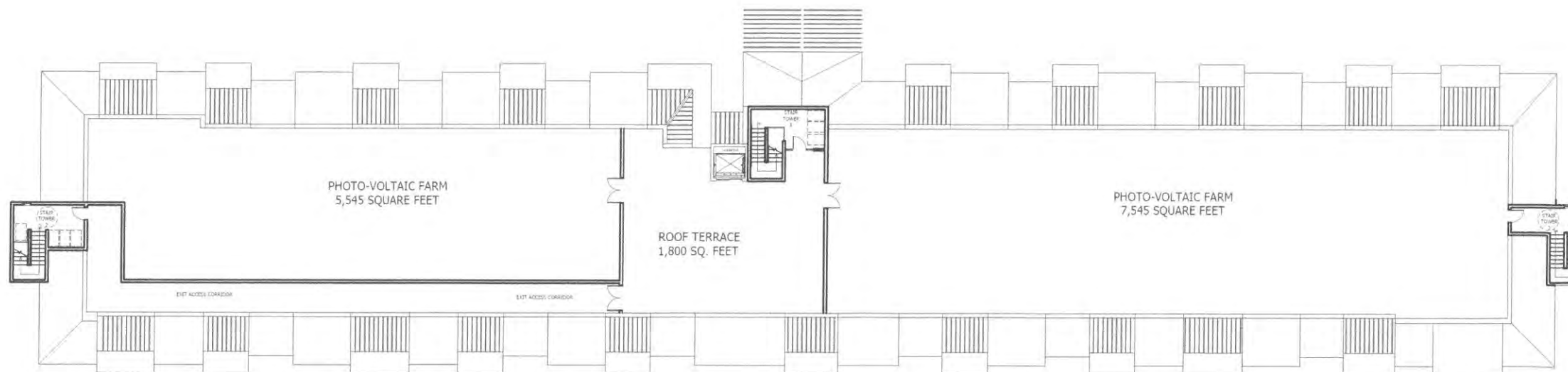
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3rd FLOOR

12 THIRD FLOOR APARTMENTS	
ADAPTABLE APARTMENTS	ACCESSIBLE APARTMENTS
12-1	12-2
12-3	12-4
12-5	12-6
12-7	12-8
12-9	12-10
12-11	12-12
12-13	12-14
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12-79	12-80
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12-83	12-84
12-85	12-86
12-87	12-88
12-89	12-90
12-91	12-92
12-93	12-94
12-95	12-96
12-97	12-98
12-99	12-100



ROOF PLAN

PROJECT TITLE
EDWARD STREET
PROPOSED SENIOR HOUSING
AMSTERDAM, N.Y.

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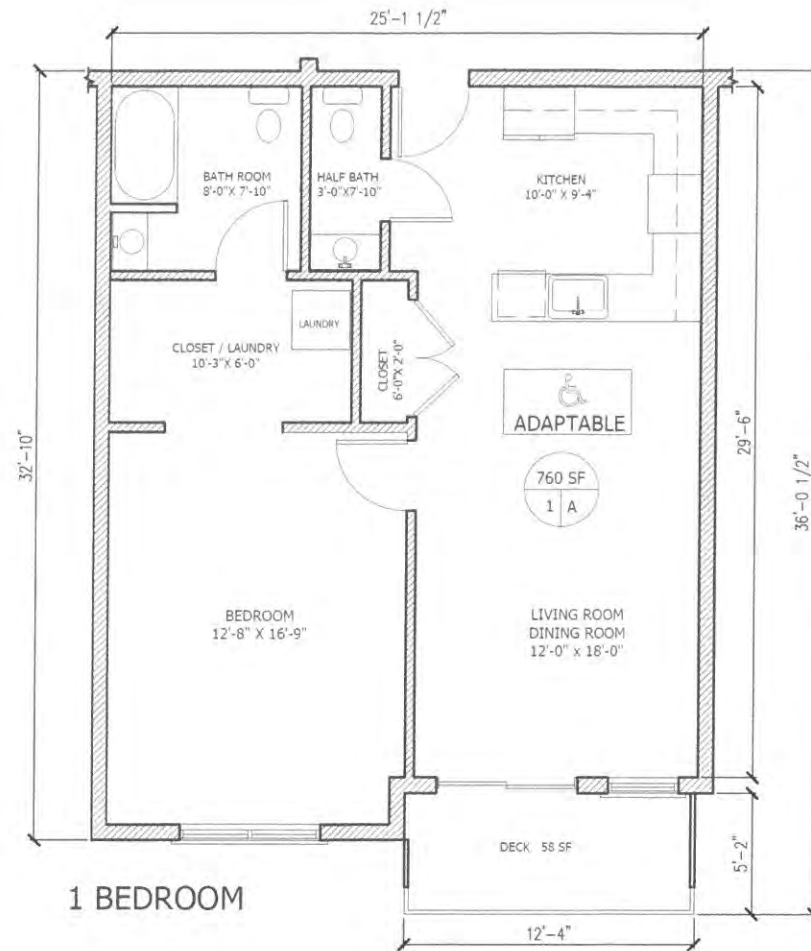
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SHEET TITLE
PROPOSED FIRST AND
SECOND FLOOR PLANS

SHEET NO.
SK-1.1

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PROJECT TITLE
**EDWARD STREET
PROPOSED SENIOR HOUSING
AMSTERDAM, N.Y.**

OWNER(S)
EDWARD STREET ASSOCIATES, LLC
P.O.BOX 406 BURNT HILLS, N. Y. 12027

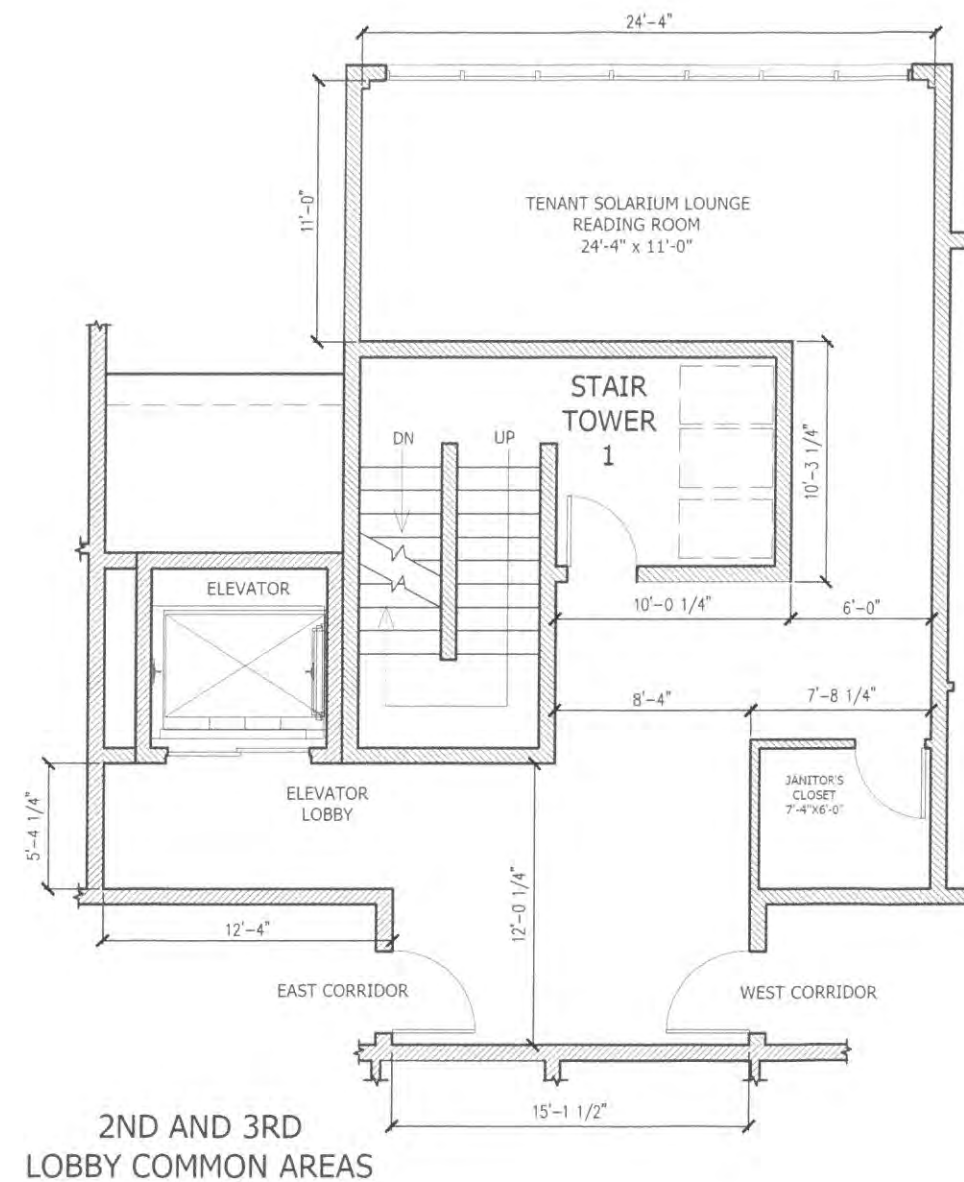
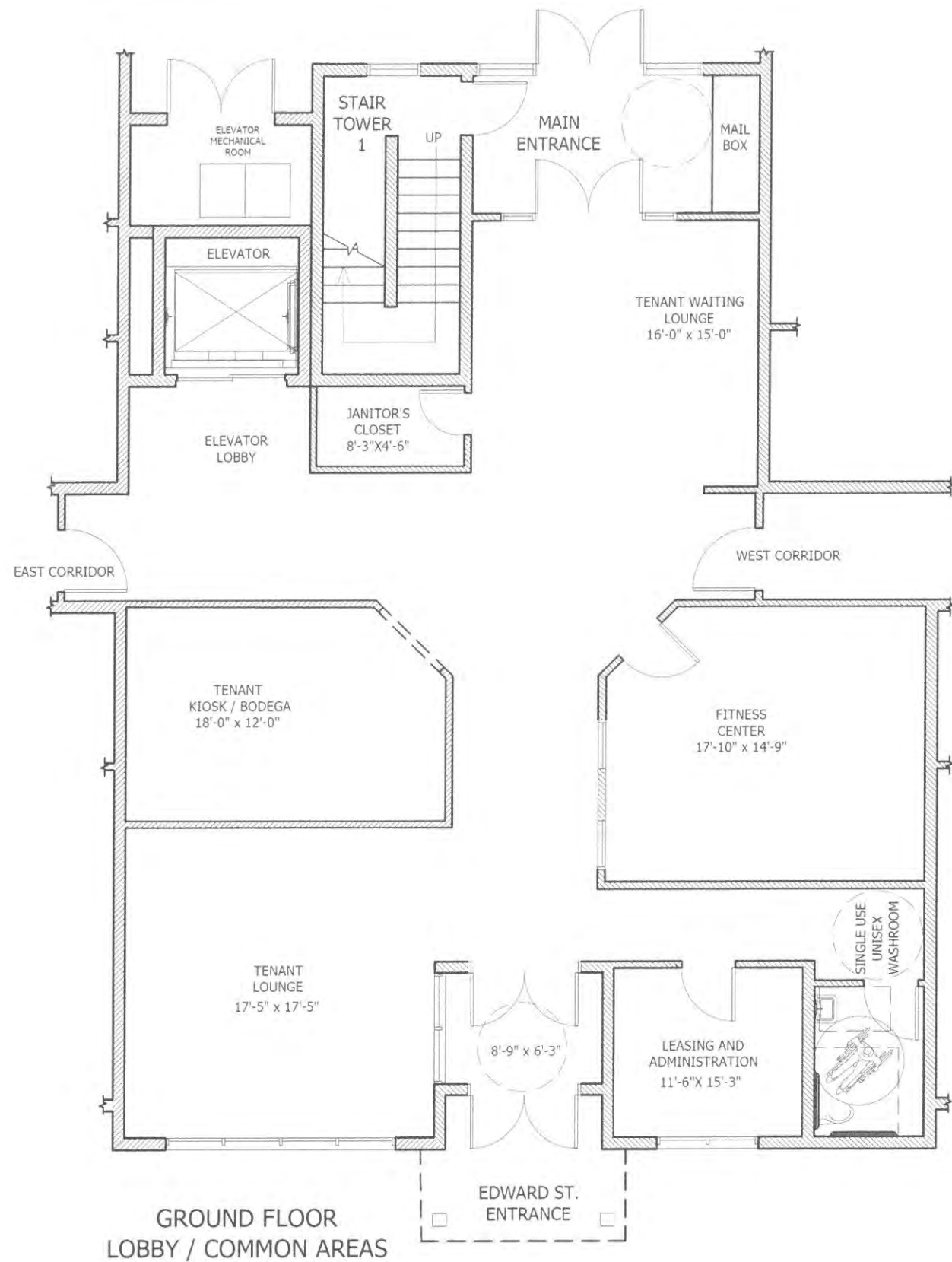
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SHEET TITLE
**ENLARGED APARTMENT
FLOOR PLANS**

SHEET NO.
SK-1.2

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EDWARD STREET
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AMSTERDAM, N.Y.

OWNER(S)
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SHEET TITLE
PROPOSED 1ST FL. LOBBIES -
2ND AND 3RD. FL.COMMON AREAS

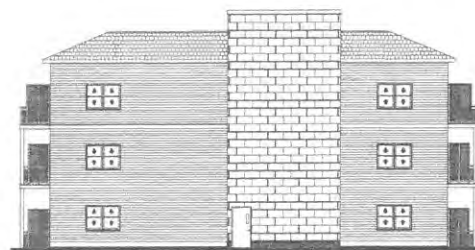
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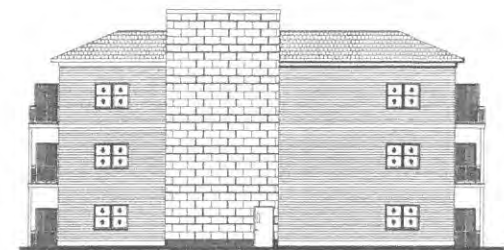
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SOUTH ELEVATION - EDWARD STREET



WEST ELEVATION



EAST ELEVATION



NORTH ELEVATION - PARKING LOT

PROJECT TITLE
EDWARD STREET
PROPOSED SENIOR HOUSING
AMSTERDAM, N.Y.

OWNER(S)
EDWARD STREET ASSOCIATES, LLC
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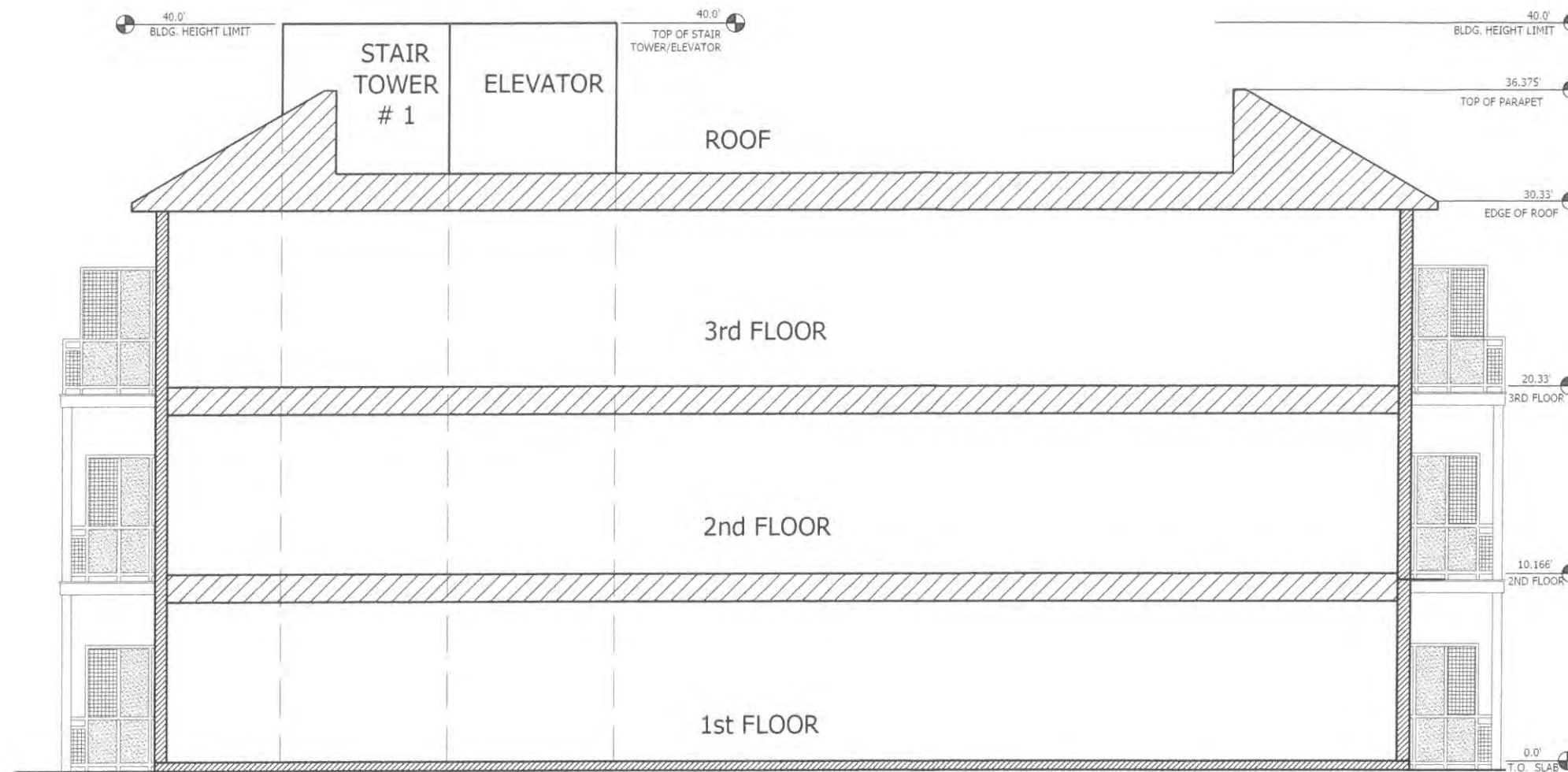
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SHEET TITLE
BUILDING ELEVATIONS

SHEET NO.
SK-3.0

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SECTION

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		CHECKED BY JTF	SUBMISSION DATE 04.10.23				



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PHONE (518)841-4319 FAX (518)841-4310

Office Use Only:

Application # 23-17P

Date Received 7/1/23

PLANNING COMMISSION APPLICATION

All fields must be printed clearly or typed.

☐ SITE PLAN REVIEW ☐ SPECIAL USE PERMIT ☐ SUBDIVISION OF LAND ☐ SKETCH PLAN CONFERENCE

PROJECT NAME: 52 GROVE ST., AMSTERDAM NY.

PROJECT ADDRESS: ASSISTANT LIVING & MEDICAL S/B/L: 55.36-1-18
Number Street

Which Zoning District is the project located within?

☐ Low Density Neighborhood ☐ Medium Density Neighborhood ☐ Medical Residential Neighborhood
☒ Downtown Core ☐ Employment District ☐ Commercial Corridor ☐ Light Industrial District

Is the property located within the Form-Based Code overlay zone?

☐ Yes ☒ No

Is the property located within the Greenway Corridor Overlay zone?

☐ Yes ☒ No

Is the property located within the Gateway Overlay zone?

☐ Yes ☒ No

Is the property located within 500 feet of the Montgomery County referral buffer zone?

☐ Yes ☒ No

Is the property located within 500 feet of a State or County highway?

☐ Yes ☒ No

APPLICANT NAME*: George Soryal

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: 3303 Williamsburg DR. Schenectady NY 12303
Number Street City State Zip
Phone No. (914) 826-4200 Fax Email george.f.soryal@gmail.com

OWNER NAME: same as above.

Address: _____
Number Street City State Zip
Phone No. _____ Fax _____ Email _____

ATTORNEY/ AGENT: _____

Address: _____
Number Street City State Zip
Phone No. _____ Fax _____ Email _____

If there are additional applicants/owners, please submit separately.

Who will be the PRIMARY contact person? ☒ Applicant ☐ Owner ☐ Agent

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT:

THIS PROJECT IS CURRENTLY IN TWO PARTS (PHASE 1 & PHASE 2)
INFORMATION REQUESTED UNDER 'PROPOSED USE' CURRENTLY
ONLY COVER PHASE 1. IT IS ANTICIPATED THE 'SOUTH WING
WILL BECOME THE MEDICAL CENTER / OFFICE WING &
EAST WING & 2ND FLOOR OF NORTH WING WILL OFFER
ASSISTANT LIVING QUARTER

Office Use Only:

Application # _____

Fee Schedule

Site Plan Review:

Residential:

Up to \$50,000 ☐ \$50
between \$50,000 - \$100,000 ☐ \$100
between \$100,000 - \$150,000 ☐ \$150
For every \$50,000 above \$150,000 ☐ \$50

Commercial:

Up to \$50,000 ☐ \$75
between \$50,000 - \$100,000 ☐ \$150
between \$100,000 - \$150,000 ☒ \$225
For every \$50,000 above \$150,000 ☐ \$75

Special Use Permit:

Residential ☐ \$50
Commercial ☐ \$75

All Subdivisions ☐ \$50

Total: \$ 225

A check payable to the City of Amsterdam must accompany this application.

Submission Deadline

The Planning Commission meets the fourth Wednesday of each month. Dates may vary due to holidays. Complete applications must be received 15 days prior to the next scheduled meeting to be included on the agenda.

We must receive the original, completed application packet + 11 copies.

Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? ☐ Yes ☐ No

If Yes, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

Certification, Permission, and Authorization: As the owner, leasee, or purchaser under contract for the property that is the subject of this application, I hereby certify that the above information is correct and that I have submitted herewith all documentation required or requested a waiver in writing for any documentation not submitted. I hereby authorize members of the Planning Commission and designated City of Amsterdam staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application. I hereby certify that there are no outstanding code violations on any owned properties within the City of Amsterdam for the applicant and property owner, if property owner is different from the applicant. I hereby authorize the person or entity listed herein as the Agent to represent my interests before the City in connection with this application.

Applicant Signature: George Smith

Date 6/7/2023

Owner Signature: _____

Date _____

Building/Zoning official receiving application: [Signature]

Date 6-7-23



CITY OF AMSTERDAM
PLANNING COMMISSION
AMSTERDAM CITY HALL
61 CHURCH STREET
AMSTERDAM, NEW YORK 12010
PHONE (518)841-4319 FAX (518)841-4310

Application # _____

SITE PLAN APPLICATION

A "Planning Commission Application" and all attachments, including any approved plan, must be submitted with this form.

ADDRESS OF SITE: 56 GROVE STREET, AMSTERDAM, NY ASSISTANT LIVING & MEDICAL FACILITY

GEORGE SORYAL

6/2/2023

APPLICANT'S NAME*

Date

APPLICANT'S SIGNATURE*

George Soryal

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: 3303 WILLAMSBURG DRIVE, SCHENECTADY, NEW YORK 12303

Phone No. 1(914) 826-4200 Fax _____ Email GEORGEFSORYAL@GMAIL.COM

CONTACT PERSON:

SAME AS ABOVE

Address: _____
Phone No. _____ Fax _____ Email _____

NAME OF PRESENT PROPERTY OWNER:

SAME AS ABOVE

Address: _____

PROPOSED USE: (Check where applicable and provide gross floor area for each use – including basement areas)

Use	Gross Floor Area	sq. ft.	Use	Gross Floor Area	sq. ft.
<input checked="" type="checkbox"/> Medical Office	<u>1,316</u>		<input type="checkbox"/> Wholesale Business		
<input checked="" type="checkbox"/> General Office	<u>1,736</u>		<input type="checkbox"/> Warehouse/ Distribution		
<input type="checkbox"/> Retail Sales			<input type="checkbox"/> Manufacturer		
<input type="checkbox"/> Convenience Store			<input type="checkbox"/> Fast Food		
<input type="checkbox"/> Apartments _____ units			<input type="checkbox"/> Restaurant, Barroom		
<input type="checkbox"/> Motel, Hotel _____ rooms			<input type="checkbox"/> If restaurant or barroom: # of seats: _____		
<input type="checkbox"/> Storage			<input checked="" type="checkbox"/> Other (specify) _____		

ASSISTANT LIVING (Phase 2)

Area of Parcel 1.35 Acres 58,806 Sq. Ft.

Disposition of Parcel (in square feet)

	Existing	Net Increase or Decrease	Total Proposed	Total (As % of site)
Building Area	<u>17,139 sq.ft.</u>	<u>N/A</u>	<u>none</u>	<u>29</u>
Paved Area (incl. walks, gravel, etc.)	<u>13,433 sq.ft.</u>	<u>714.8 sq.ft.</u>	<u>14,148 sq.ft.</u>	<u>24</u>
Green Area	<u>27,917 sq.ft.</u>	<u>-714.8 sq.ft.</u>	<u>27,202.2 sq.ft.</u>	<u>46</u>
Number of Parking Spaces	<u>unknown</u>	<u>unknown</u>	<u>25</u>	

If change in tenant: Name of previous tenant/business: Park Hill Adult Home

Specific activities of previous use: ASSISTANT LIVING

Present (if any) number of employees at maximum shift: none Present (if any) number of shifts: none

Proposed number of employees at maximum shift: 10 Proposed number of shifts: 3

Proposed Days & Hours of operation: 8am-5pm Medical offices 24/7 assistant living

Note:

This project is currently in two parts (Phase 1 & Phase 2). Information requested under 'Proposed Use' (above) currently only covers Phase 1. It is anticipated the 'South Wing will become the Medical / Office Wing and East wing and 2nd floor of North Wing will offer Assistant Living quarters.

SITE PLAN CHECKLIST

All items on the list must be included with the Site Plan Application

- ☐ Photographs of the property
- ☐ Aerial view of the property (Google Earth or similar) with the project location indicated
- ☐ Environmental assessment form. An application for site plan review and approval shall also be accompanied by a short or full EAP as required by SEQRA, Article 8 of the Environmental Conservation Law and Title 6 Part 617 NYCRR.

A CERTIFIED DRAWING INCLUDING THE FOLLOWING:

- ☐ Title of drawing, including name and address of applicant and person(s) responsible for preparation of such drawing.
- ☐ North arrow, scale and date.
- ☐ Accurate boundaries of the property plotted to scale, showing location & names of adjacent streets, access to adjacent streets, existing buildings and other improvements (identify use of each building), and site coverage statistics
- ☐ Preliminary drawings showing location, proposed use and height of all buildings, including:
 - ☐ General floor plans
 - ☐ Exterior elevations
 - ☐ Overall dimensions
 - ☐ Design and exterior materials
- ☐ Existing/proposed pedestrian & bicyclist accommodations
- ☐ Location of outdoor storage for equipment and materials, if any.
- ☐ Existing/proposed parking & circulation, including
 - ☐ Number of off-street parking spaces, including accessible spaces, as required by Chapter 250, Section 39
 - ☐ Bicycle parking
 - ☐ Location of off-street loading
- ☐ Fencing and/or screening
- ☐ Landscaping
- ☐ Outdoor lighting
- ☐ Signage, showing the following:
 - ☐ Placement on the building
 - ☐ Size
 - ☐ Colors
 - ☐ Material
 - ☐ Illumination

Acknowledgement. The undersigned acknowledges that he or she has provided all information and materials required herein or provided a written waiver request with a narrative justification for each item not submitted.

Applicant Signature: George Sargol Date 6/2/2023

Building/Zoning official receiving application: _____	Date _____
---	------------

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
MG Comfort Living LLC			
Name of Action or Project: Assisted Living Facility with Medical Offices			
Project Location (describe, and attach a location map): 52 Grove Street, Amsterdam, NY			
Brief Description of Proposed Action: Reinstate building to prior status as assisted living facility and Medical offices			
Name of Applicant or Sponsor: George Soryal		Telephone: 1 (914) 826-4200 E-Mail: georgefsoryal@gmail.com	
Address: 3303 Williamsburg Drive			
City/PO: Schenectady		State: New York	Zip Code: 12303
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: City of Amsterdam planning commission			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		1.35 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.35 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Existing street collection (sewer) system		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>George Soryal</u> Date: <u>5/31/2023</u>		
Signature: <u>George Soryal</u> Title: <u>5/31/23</u>		



AERIAL VIEW OF PROPERTY



ASSISTANT LIVING & MEDICAL FACILITY
~~25~~ GROVE ST. AMSTERDAM, NEW YORK

52



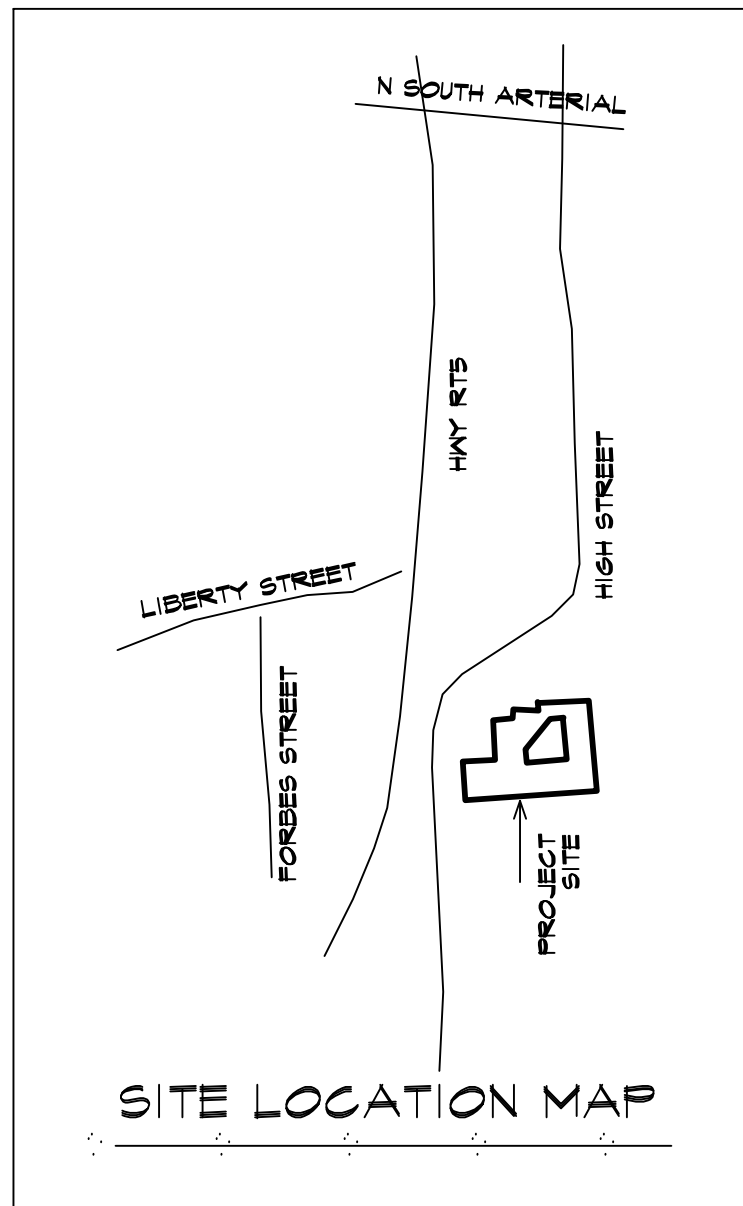
(P3) WHEELCHAIR ACCESS POINT TO 'WEST WING' AND 1ST FLOOR OF 'NORTH WING'



(P4) PEDESTRIAN WHEELCHAIR ACCESS TO 'NORTH WING' (2ND FLOOR)

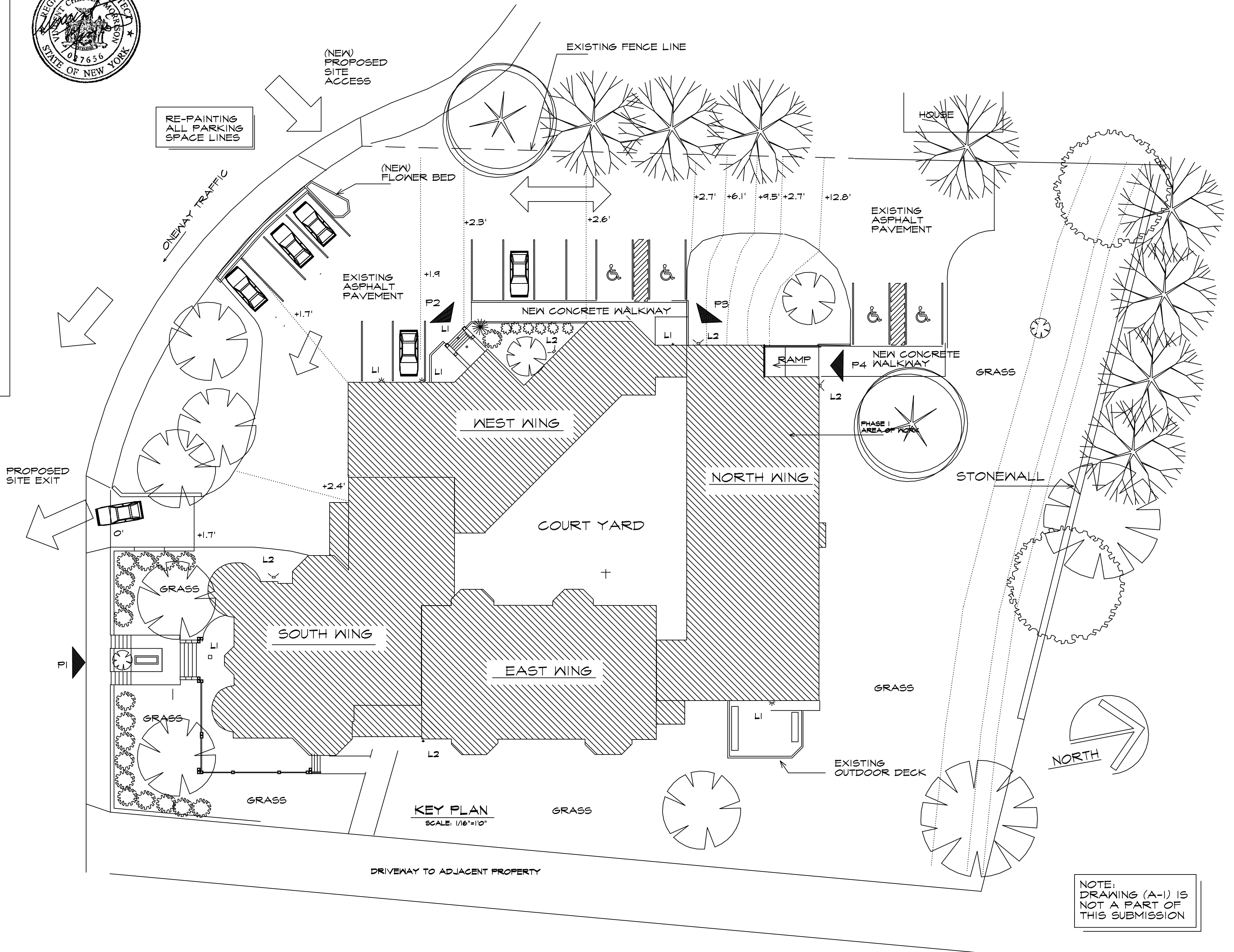


VIEW FROM TOP OF DRIVEWAY AJACENT TO BACK OF 'NORTH WING'



CODE REVIEW	
OCCUPANCY CLASSIFICATION:	GROUP 'B' PROFESSIONAL SERVICES (OUTPATIENT)
CONSTRUCTION CLASSIFICATION:	TYPE (II-A)
ALL WALLS AND CEILINGS	(1) HOUR
SPRINKLER SYSTEM	BUILDING IS SPRINKLED THROUGHOUT WITH AN AUTOMATIC SPRINKLER SYSTEM

LEDGENS	
TYPE	DESCRIPTION
L1	CEILING OR WALL MOUNTED INCANDESCENT LIGHTING SYSTEM
L2	FLOOD LAMP
P#	ARROWHEAD REPRESENT MAIN ACCESS POINT INTO BUILDING. (P 1,2,3 AND 4) CORRELATE TO SUPPLIED IMAGES



NOTE: DRAWING (A-1) IS NOT A PART OF THIS SUBMISSION

VM Architectural Design Services
Residential and Commercial
 685 Watervliet-Shaker Rd #521, Latham, NY, 12110
 Phone: / Fax: (518) 788-6012
www.vm-architectural-services.com
vincent@vm-architectural-services.com

Sheet Description:

SITE MAP

Classification: **CHANGE OF OCCUPANCY**

Client: **MG COMFORT LIVING LLC**

Project Description: **ASSISTANT LIVING & MEDICAL FACILITY**
52 GROVE ST. AMSTERDAM, NEW YORK

Drawn by: Vincent Morrison	Drawing Number: 198C	<h1>2</h1>
Revisions:	Date Issued: 6/2023	



PRIMARY
ENTRANCE

WHEELCHAIR
ACCESS

PROVIDE HALF-WALL TO
CLOSE OFF CLIENT ACCESS

WEST WING NORTH WING

UP

NORTH

COURT YARD

PHASE I
1ST FLOOR

SOUTH WING (FUTURE)

EAST WING (FUTURE)

PHASE I
1ST FLOOR

RAMP DOWN

NORTH CORRIDOR (NC-1A)

NORTH CORRIDOR (NC-1)

NORTH WING 1ST FLOOR

ROOM #	DESCRIPTION	SQ.FT.
NI-1	EXAM RM #1	192
NI-2	EXAM RM #2	135
NI-2A	HC TOILET	35
NI-3	EXAM RM #3	131
NI-3A	HC TOILET	35
NI-4	EXAM RM #4	199
NI-5	EXAM RM #5	200
NI-6	OFFICE	141
NI-6A	HC TOILET	35
NI-7	STAFF BREAK RM	117
NI-8	BATHTUB	47
NI-9	BATHTUB	47
NI-10	AID STATION	89
NI-11	MECHANICAL	180
NI-12	STORAGE	191
NI-13	ACCESS	39
NI-13A	CRAWL SPACE	750

WEST WING 1ST FLOOR

ROOM #	DESCRIPTION	SQ.FT.
WI-1	TOILET	64
WI-2	UN-ASSIGNED	100
WI-3	WAITING ROOM	1,123
WI-4	RECEPTION	331
WI-5	MEDICAL RECORDS	118
WI-6	STAIRS	149
WI-7	EXAM RM #6	298
WI-8	TOILET	49

ROOM NAMING CONVENTION

NORTH WING ↙
NI-13 ← ROOM #
1ST FLOOR ↗

Sheet Description:

PHASE I
1ST FLOOR
NORTH & WEST WINGS

Classification:

CHANGE OF OCCUPANCY

Client:

MG COMFORT LIVING LLC

Project Description:

ASSISTANT LIVING & MEDICAL FACILITY
52 GROVE ST. AMSTERDAM, NEW YORK

Drawn by:

Vincent Morrison

Revisions:

Drawing Number:

Date Issued:

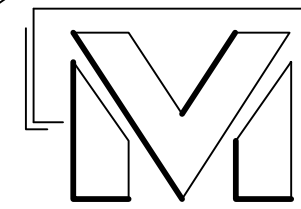
6/2023

Scale:

3/32" = 1'-0"

Project ID:

198C



VM Architectural Design Services
Residential and Commercial

605 Watervliet-Shaker Rd #521, Latham, NY 12110
Phone: / Fax: (518) 785-6012

www.vm-architectural-services.com
vincent@vm-architectural-services.com



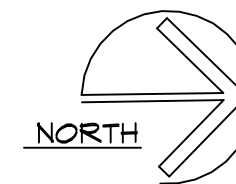
3



PRIMARY
ENTRANCE

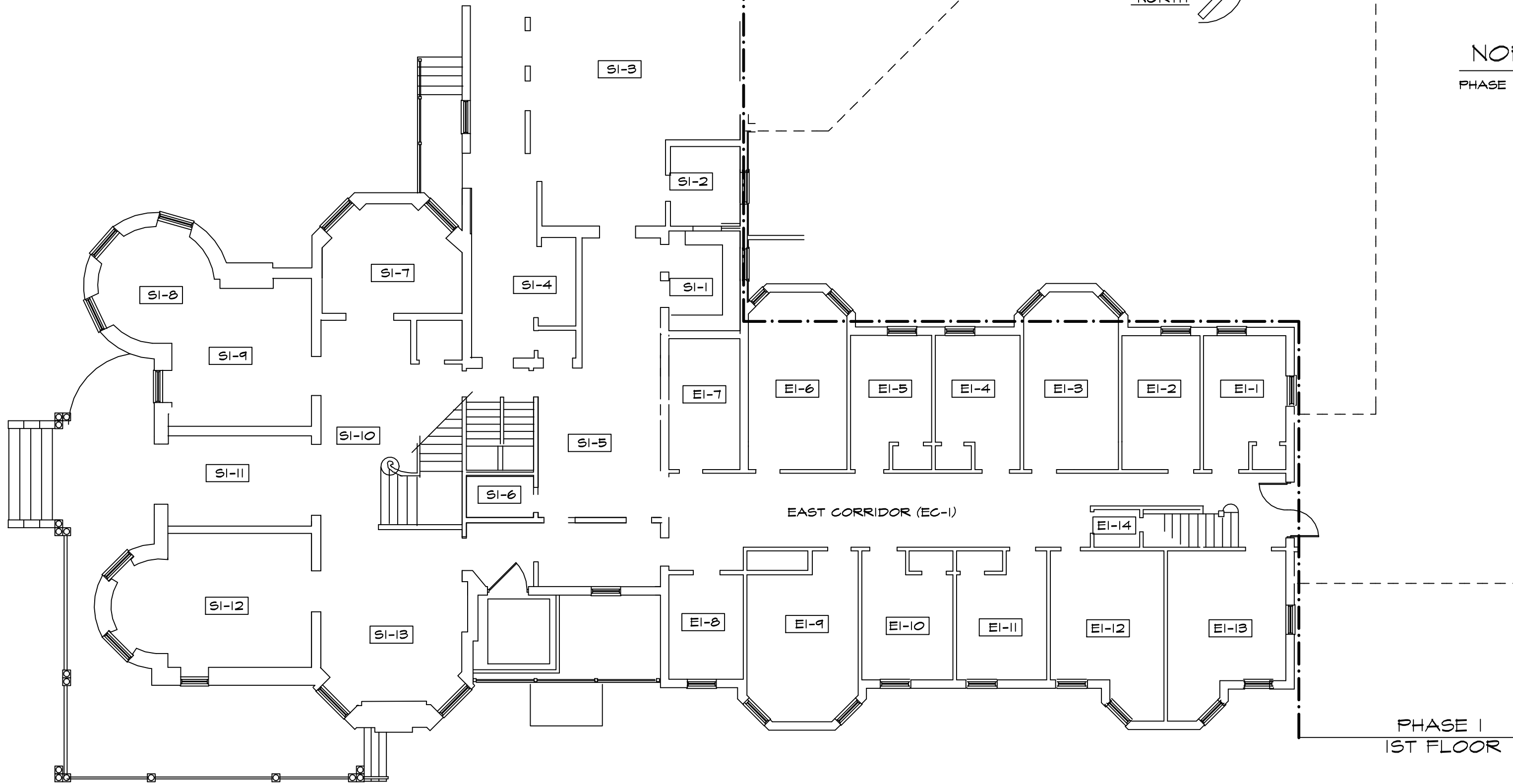
WHEELCHAIR
ACCESS

WEST WING
PHASE I - (1ST. FLOOR)



NORTH WING
PHASE I - (1ST FLOOR)

PHASE I
1ST FLOOR



SOUTH WING 1ST FLOOR

ROOM #	DESCRIPTION	SQ.FT.
SI-1	**	**
SI-2	**	**
SI-3	**	**
SI-4	**	**
SI-5	**	**
SI-6	**	**
SI-7	**	**
SI-8	**	**
SI-9	**	**
SI-10	**	**
SI-11	**	**
SI-12	**	**
SI-13	**	**
SI-14	**	**
SI-15	**	**
SI-16	**	**
SI-17	**	**
SI-18	**	**
SI-19	**	**
SI-20	**	**

EAST WING 1ST FLOOR

ROOM #	DESCRIPTION	SQ.FT.
EI-1	**	**
EI-2	**	**
EI-3	**	**
EI-4	**	**
EI-5	**	**
EI-6	**	**
EI-7	**	**
EI-8	**	**
EI-9	**	**
EI-10	**	**
EI-11	**	**
EI-12	**	**
EI-13	**	**
EI-14	**	**
EI-15	**	**
EI-16	**	**
EI-17	**	**
EI-18	**	**
EI-19	**	**
EI-20	**	**

Sheet Description:

PHASE 2
1ST FLOOR
SOUTH & WEST WINGS

Classification:

CHANGE OF OCCUPANCY

Client:

MG COMFORT LIVING LLC

Project Description:

ASSISTANT LIVING & MEDICAL FACILITY
52 GROVE ST. AMSTERDAM, NEW YORK

Drawn by:

Vincent Morrison

Revisions:

Drawing Number:

Scale:

3/32" = 1'-0"

Date Issued:

6/2023

Project ID:

1980



VM Architectural Design Services
Residential and Commercial

695 Watervliet-Shaker Rd #521, Latham, NY, 12110

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www.vm-architectural-services.com
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4

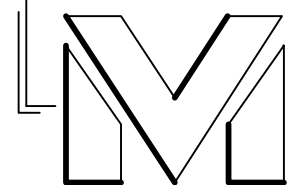
A circular professional seal for Vincent Chester Morrison, a Registered Architect in the State of New York. The seal features the text "REGISTERED ARCHITECT" at the top, "VINCENT CHESTER MORRISON" around the inner circle, and "STATE OF NEW YORK" at the bottom. The number "017656" is prominently displayed in the center. The seal also includes a small emblem of a building and a star.

[illegible]

ROOM #	DESCRIPTION	SQ.FT.
N2-1	BEDROOM	192
N2-2	BEDROOM	135
N2-2A	HC TOILET	35
N2-3	BEDROOM	131
N2-3A	HC TOILET	35
N2-4	BEDROOM	199
N2-5	BEDROOM	200
N2-6	OFFICE	141
N2-6A	HC TOILET	35
N2-7	STAFF BREAK RM	117
N2-8	BATHTUB	47
N2-9	BATHTUB	47
N2-10	BEDROOM	89
N2-11A	SHEARED BATHRM	180
N2-11	BEDROOM	191
N2-12	BEDROOM	39
N2-12A	SHEARED BATHRM	750
N2-13	BEDROOM	750
N2-14	BEDROOM	750
N2-15A	SHARED BATHRM	750
N2-15	BEDROOM	750
N2-16	BEDROOM	750
N2-16A	SHEARED BATHRM	750
N2-17	BEDROOM	750
N2-18	CLOSET	750

ROOM #	DESCRIPTION	SQ.FT.
E2-1	**	**
E2-2	**	**
E2-3	**	**
E2-4	**	**
E2-5	**	**
E2-6	**	**
E2-7	**	**
E2-8	**	**
E2-9	**	**
E2-10	**	**
E2-11	**	**
E2-12	**	**

EXISTING
OUTDOOR DECK



www.vm-architectural-services.com
vincent@vm-architectural-services.com

Sheet Description:

PHASE 2
SECOND FLOOR
NORTH, EAST & SOUTH WINGS

ASSISTANT LIVING & MEDICAL FACILITY
52 GROVE ST. AMSTERDAM, NEW YORK

198C



5



New owner plans on maintaining similar sign layout updating it to "Assistant Living & Medical Facility"

Small spot lights will be installed one on each side



VM Architectural Design Services
Residential and Commercial

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vincent@vm-architectural-services.com



CITY OF AMSTERDAM
PLANNING COMMISSION
AMSTERDAM CITY HALL
61 CHURCH STREET
AMSTERDAM, NEW YORK 12010
PHONE (518)841-4319 FAX (518)841-4310

Office Use Only:

Application # 23-18 P

Date Received 6/13/23

PLANNING COMMISSION APPLICATION

All fields must be printed clearly or typed.

☒ SITE PLAN REVIEW ☐ SPECIAL USE PERMIT ☐ SUBDIVISION OF LAND ☐ SKETCH PLAN CONFERENCE

PROJECT NAME: Market Street Fort, LLC

PROJECT ADDRESS: 145 State Route 5S Amsterdam, NY (1549) S/B/L: 55.14-1-3
Number Street

Which Zoning District is the project located within?

☐ Low Density Neighborhood ☐ Medium Density Neighborhood ☐ Medical Residential Neighborhood
☐ Downtown Core ☐ Employment District ☐ Commercial Corridor ☒ Light Industrial District

Is the property located within the Form-Based Code overlay zone?

☐ Yes ☒ No

Is the property located within the Greenway Corridor Overlay zone?

☐ Yes ☒ No

Is the property located within the Gateway Overlay zone?

☐ Yes ☒ No

Is the property located within 500 feet of the Montgomery County referral buffer zone?

☒ Yes ☐ No

Is the property located within 500 feet of a State or County highway?

☒ Yes ☐ No



APPLICANT NAME*: Mohawk Properties LLC

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: 96 Guy Park Avenue, Amsterdam NY 12010
Number Street City State Zip
Phone No. 518-459-1128 Fax 518-459-1154 Email paul@arcon.bz

OWNER NAME: Mohawk Properties, LLC

Address: 96 Guy Park Avenue Amsterdam NY 12010
Number Street City State Zip
Phone No. 518-459-1128 Fax 518-459-1154 Email paul@arcon.bz

ATTORNEY/ AGENT: N/A

Address: _____
Number Street City State Zip
Phone No. _____ Fax _____ Email _____

If there are additional applicants/owners, please submit separately.

Who will be the PRIMARY contact person? ☐ Applicant ☒ Owner ☐ Agent

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT:

Approval of new tenant, Market Street Fort LLC for this building. A real estate / business holding company.

Office Use Only:Application # 23-18P**Fee Schedule**

Site Plan Review:	Residential:	
	Up to \$50,000.....	<input type="checkbox"/> \$50
	between \$50,000 - \$100,000.....	<input type="checkbox"/> \$100
	between \$100,000 - \$150,000.....	<input type="checkbox"/> \$150
	For every \$50,000 above \$150,000.....	<input type="checkbox"/> \$50
	Commercial:	
	Up to \$50,000.....	<input checked="" type="checkbox"/> \$75
	between \$50,000 - \$100,000.....	<input type="checkbox"/> \$150
	between \$100,000 - \$150,000.....	<input type="checkbox"/> \$225
	For every \$50,000 above \$150,000.....	<input type="checkbox"/> \$75
Special Use Permit:	Residential	<input type="checkbox"/> \$50
	Commercial	<input type="checkbox"/> \$75
All Subdivisions		<input type="checkbox"/> \$50
Total:		\$ 75.00

*A check payable to the City of Amsterdam must accompany this application.***Submission Deadline**

The Planning Commission meets the fourth Wednesday of each month. Dates may vary due to holidays.

Complete applications must be received 15 days prior to the next scheduled meeting to be included on the agenda.

We must receive the original, completed application packet + 11 copies.Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? ☐ Yes ☒ No*If Yes, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.*

Certification, Permission, and Authorization: As the owner, leasee, or purchaser under contract for the property that is the subject of this application, I hereby certify that the above information is correct and that I have submitted herewith all documentation required or requested a waiver in writing for any documentation not submitted. I hereby authorize members of the Planning Commission and designated City of Amsterdam staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application. I hereby certify that there are no outstanding code violations on any owned properties within the City of Amsterdam for the applicant and property owner, if property owner is different from the applicant. I hereby authorize the person or entity listed herein as the Agent to represent my interests before the City in connection with this application.

Applicant Signature: [Signature] MANAGING Member Date 6/9/23Owner Signature: [Signature] MANAGING Member Date 6/9/23Building/Zoning official receiving application: [Signature] Date 6/13/23



CITY OF AMSTERDAM
PLANNING COMMISSION
AMSTERDAM CITY HALL
61 CHURCH STREET
AMSTERDAM, NEW YORK 12010
PHONE (518)841-4319 FAX (518)841-4310

Application #

23-188

SITE PLAN APPLICATION

A "Planning Commission Application" and all attachments, including any approved plan, must be submitted with this form.

ADDRESS OF SITE: 1451 State Route 5S (1549) Market Street Fort, LLC
Number Street Name of Business/Tenant

Mohawk Properties, LLC

APPLICANT'S NAME* [Signature] MANAGING MEMBER 6/9/23
Date

APPLICANT'S SIGNATURE*

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: 96 Guy Park Avenue Amsterdam NY 12010
Number Street City State Zip
Phone No. (518) 459-1128 Fax (518) 459-1154 Email paul@arcon.bz

CONTACT PERSON: Paul Winnie

Address: 96 Guy Park Avenue Amsterdam NY 12010
Number Street City State Zip
Phone No. (518) 459-1128 Fax (518) 459-1154 Email paul@arcon.bz

NAME OF PRESENT PROPERTY OWNER: Mohawk Properties, LLC

Address: 96 Guy Park Avenue Amsterdam NY 12010
Number Street City State Zip

PROPOSED USE: (Check where applicable and provide gross floor area for each use – including basement areas)

Use	Gross Floor Area	sq. ft.	Use	Gross Floor Area	sq. ft.
<input checked="" type="checkbox"/> Medical Office			<input type="checkbox"/> Wholesale Business		
<input checked="" type="checkbox"/> General Office	<u>4,550</u>		<input type="checkbox"/> Warehouse/ Distribution		
<input type="checkbox"/> Retail Sales			<input type="checkbox"/> Manufacturer		
<input type="checkbox"/> Convenience Store			<input type="checkbox"/> Fast Food		
<input type="checkbox"/> Apartments _____ units			<input type="checkbox"/> Restaurant, Barroom		
<input type="checkbox"/> Motel, Hotel _____ rooms			If restaurant or barroom: # of seats: _____		
<input type="checkbox"/> Storage			<input type="checkbox"/> Other (specify) _____		

Area of Parcel 4.06 Acres 176,980 Sq. Ft.

Disposition of Parcel (in square feet)	Existing	Net Increase or Decrease	Total Proposed	Total (As % of site)
Building Area	<u>4550</u>	<u>0</u>	<u>4550</u>	<u>2.57%</u>
Paved Area (incl walks, gravel, etc.)	<u>no change</u>	<u>0</u>	<u>same</u>	
Green Area	<u>no change</u>	<u>0</u>	<u>same</u>	
Number of Parking Spaces	<u>101</u>	<u>0</u>	<u>101</u>	

If change in tenant: Name of previous tenant/business: CSP Technologies - Aptar

Specific activities of previous use: Business Office

Present (if any) number of employees at maximum shift: 0 Present (if any) number of shifts: 0

Proposed number of employees at maximum shift: 2 Proposed number of shifts: 1

Proposed Days & Hours of operation: Monday thru Sunday, 10 am till 8 pm

SITE PLAN CHECKLIST

All items on the list must be included with the Site Plan Application

- ☒ Photographs of the property
- ☒ Aerial view of the property (Google Earth or similar) with the project location indicated
- ☐ Environmental assessment form. An application for site plan review and approval shall also be accompanied by a short or full EAP as required by SEQRA, Article 8 of the Environmental Conservation Law and Title 6 Part 617 NYCRR.

A CERTIFIED DRAWING INCLUDING THE FOLLOWING:

- ☐ Title of drawing, including name and address of applicant and person(s) responsible for preparation of such drawing.
- ☐ North arrow, scale and date.
- ☐ Accurate boundaries of the property plotted to scale, showing location & names of adjacent streets, access to adjacent streets, existing buildings and other improvements (identify use of each building), and site coverage statistics
- ☐ Preliminary drawings showing location, proposed use and height of all buildings, including:
 - ☒ General floor plans
 - ☐ Exterior elevations
 - ☐ Overall dimensions
 - ☐ Design and exterior materials
- ☐ Existing/proposed pedestrian & bicyclist accommodations
- ☐ Location of outdoor storage for equipment and materials, if any.
- ☒ Existing/proposed parking & circulation, including
 - ☐ Number of off-street parking spaces, including accessible spaces, as required by Chapter 250, Section 39
 - ☐ Bicycle parking
 - ☐ Location of off-street loading
- ☐ Fencing and/or screening
- ☐ Landscaping
- ☐ Outdoor lighting
- ☐ Signage, showing the following:
 - ☐ Placement on the building
 - ☐ Size
 - ☐ Colors
 - ☐ Material
 - ☐ Illumination

Acknowledgement. The undersigned acknowledges that he or she has provided all information and materials required herein or provided a written waiver request with a narrative justification for each item not submitted.

Applicant Signature: MUNICIPALITY OF AMSTERDAM Date 6/9/23

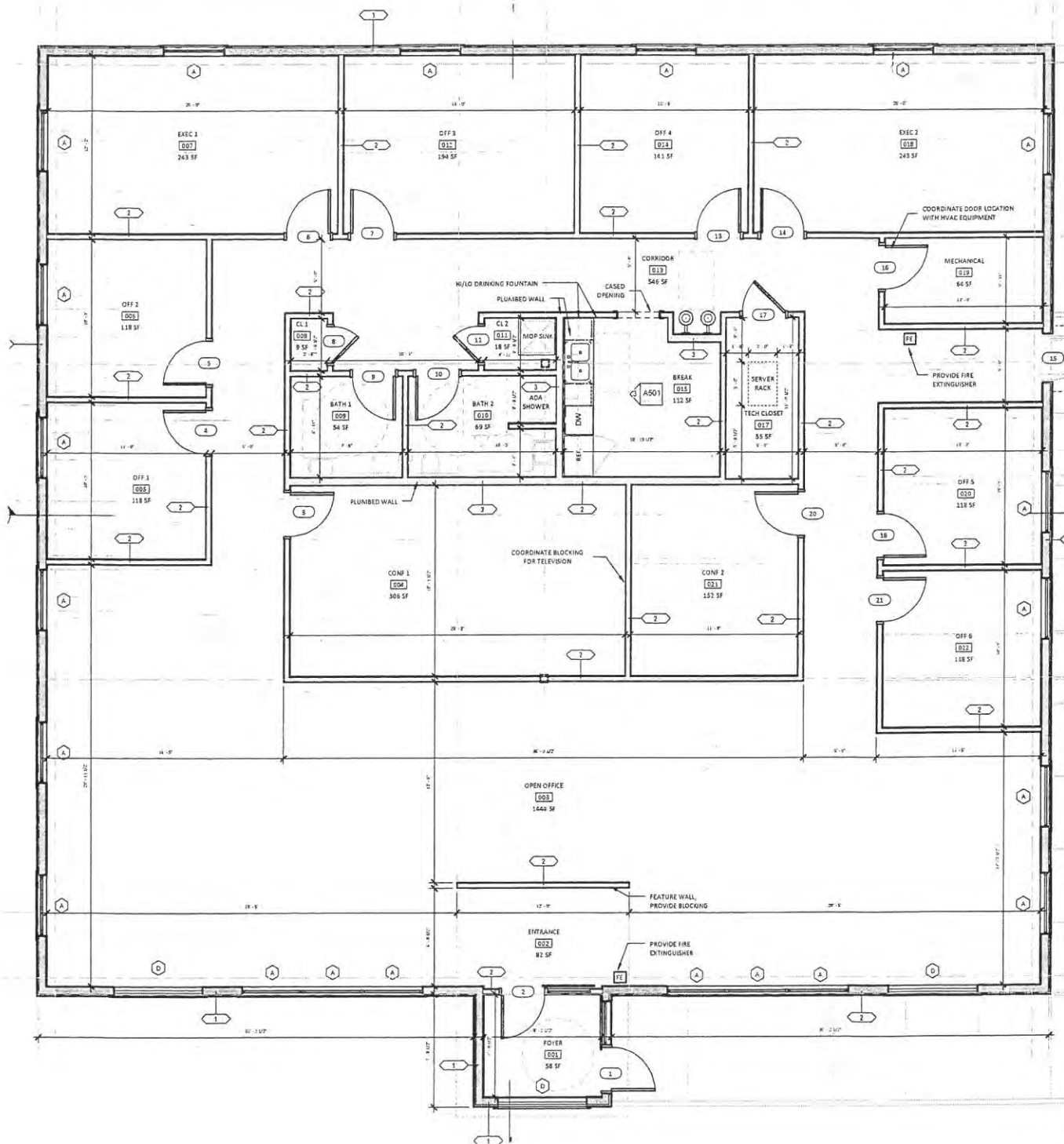
Building/Zoning official receiving application.

Date 6/13/23



1459 State Route 5S, Amsterdam, NY





Short Environmental Assessment Form

Part 1 - Project Information

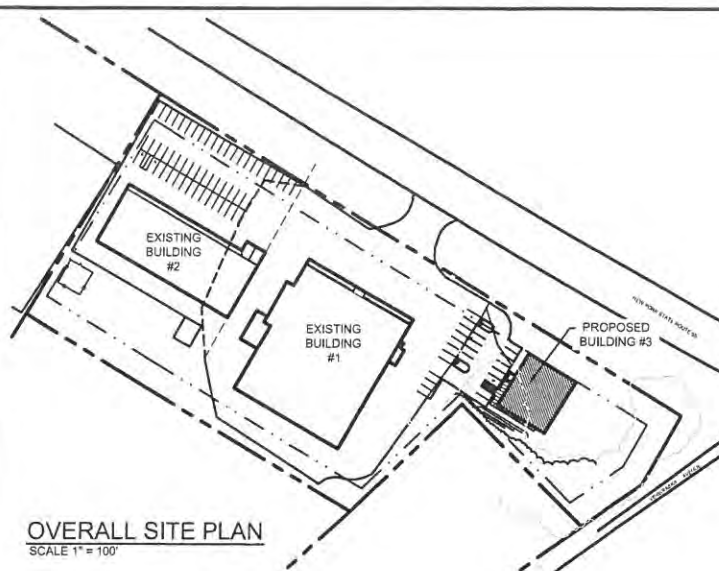
Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

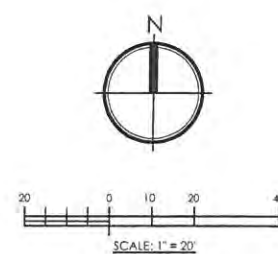
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Mohawk Properties, LLC			
Name of Action or Project: Amsterdam Cannabis LLC			
Project Location (describe, and attach a location map): 1459 State Route 5S Amsterdam, NY			
Brief Description of Proposed Action: Seek approval for our tenatn to sub-lease portion of buidling to be used as a Cannabis Dispensery			
Name of Applicant or Sponsor: Mohawk Properties, LLC		Telephone: 518-459-1128	
		E-Mail: paul@arcon.bz	
Address: 96 Guy Park Avenue			
City/PO: Amsterdam		State: NY	Zip Code: 12010
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? 4.06 acres			
b. Total acreage to be physically disturbed? 0 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 4.06 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			



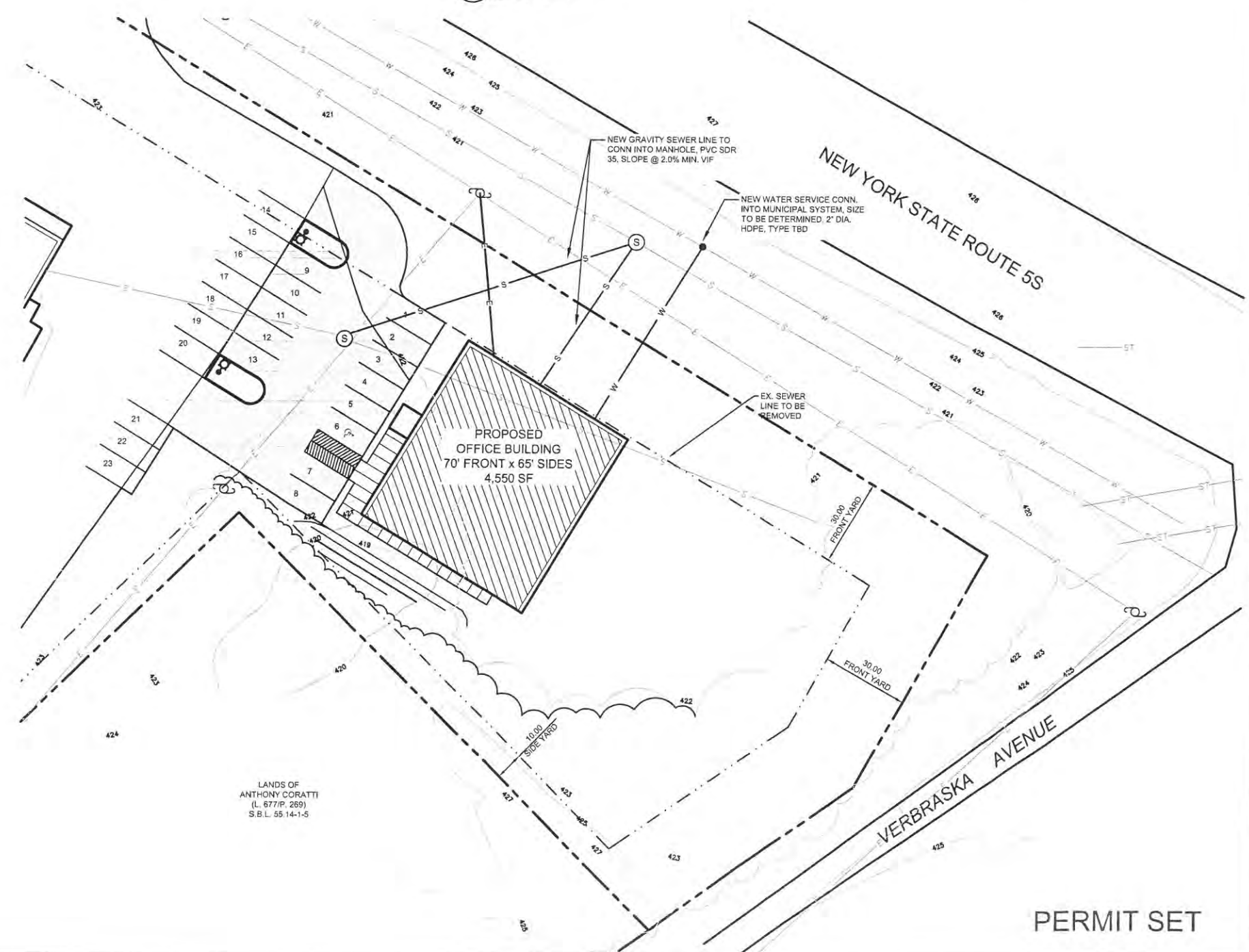
OVERALL SITE PLAN
SCALE 1" = 100'



- LEGEND**
- PROPERTY LINE
 - REQUIRED SETBACK LINE
 - EXISTING FIBER OPTICS / TELEPHONE LINE
 - PROPOSED FIBER OPTICS / TELEPHONE LINE
 - EXISTING ELECTRIC LINE
 - PROPOSED ELECTRIC LINE
 - EXISTING WATER LINE
 - PROPOSED WATER LINE
 - EXISTING SANITARY SEWER LINE
 - PROPOSED SANITARY SEWER LINE
 - EXISTING STORMWATER LINE
 - PROPOSED STORMWATER LINE
 - DRAINAGE CULVERT w/ FLARED END SECTION
 - CENTERLINE OF SWALE
 - PROPOSED LIGHT POLE
 - EXISTING SANITARY MANHOLE
 - EXISTING STORMWATER CATCH BASIN / MANHOLE
 - PROPOSED STORMWATER CATCH BASIN / MANHOLE
 - PROPOSED ASPHALT CONCRETE PAVEMENT
 - TEST PIT
 - EXISTING HYDRANT
 - UTILITY POLE
 - EXISTING CONTOUR 1' INTERVAL
 - EXISTING CONTOUR 5' INTERVAL
 - EXISTING PROPOSED TREE LINE

NOTES:

- SITE FEATURES, EXISTING UTILITIES LOCATIONS, AND TOPOGRAPHY OBTAINED FROM PLAN ENTITLED SURVEY MAP OF LANDS OF OWEN KIERNAN DEVELOPED BY FERGUSON & FOSS PROFESSIONAL LAND SURVEYORS DATED JULY 26, 2013.
- AS PER CODE RULE 753, THE CONTRACTOR SHALL PROVIDE DUE AND TIMELY NOTICE TO "DIG SAFE NEW YORK" AT 1-800-962-7862 AT LEAST TWO WORKING DAYS PRIOR TO COMMENCING DEMOLITION OR EXCAVATION. THE CONTRACTOR SHALL COMPLY WITH ALL REQUIREMENTS OF THE NYS CODE RULE 753. UPON DISCOVERY OF UNKNOWN UNDERGROUND FACILITIES, CABLES, ETC. WORK IN THAT AREA SHALL CEASE. NOTIFY UFPO, OWNER AND ENGINEER IMMEDIATELY. DO NOT PROCEED WITH WORK UNTIL RECEIVING WRITTEN DIRECTION TO DO SO FROM THE OWNER'S PROJECT REPRESENTATIVE.
- ALL EXCAVATIONS SHALL BE BRACED IN ACCORDANCE WITH THE PROVISION OF THE COMPANY SAFETY AND HEALTH ADMINISTRATION "STANDARDS FOR THE CONSTRUCTION INDUSTRY, 29 CFR PART 1926-SUB PART P - EXCAVATIONS".
- STORMWATER DESIGN PERFORMED BY OTHER IN ACCORDANCE WITH CITY OF AMSTERDAM AND NYSDEC STANDARDS.



ZONING SUMMARY			
TAX MAP NUMBER	55.14-1-3		
ZONING DISTRICT	CU; COMMERCIAL/LIGHT INDUSTRIAL		
USE CATEGORY: NEW EXPANSION	BUSINESS OFFICE, RESTAURANT, DAYCARE		
DESCRIPTION	REQUIRED	PARCEL - EXISTING	PARCEL - PROPOSED
MIN. LOT SIZE-CONVENTIONAL (SF)	10,000 SF	176,980 SF	176,980 SF
MIN. ROAD FRONTAGE (FT)	80 FT	530 FT	530 FT
MAX. BUILDING COVERAGE (%)	40%	21%	23.6%
MAX. BUILDING HEIGHT (FT)	40 FT	25 FT	25 FT
MIN. LOT DEPTH (FT)	100 FT	180 FT	180 FT
YARDS - MINIMUM (FT.)			
FRONT - STATE ROUTE 5S	30 FT	68 FT	31 FT
SIDE (LEFT)	10 FT	24 FT	24 FT
SIDE (RIGHT)	10 FT	60 FT	60 FT
REAR	30 FT	52 FT	52 FT
PARKING SPACES: NEW EXPANSION			
BUSINESS OFFICE	1 SPACE PER 200 SF		23
RESTAURANT	1 SPACE PER 3 SEATS*		
DAYCARE	1 SPACE PER 500 SF**		
SUBTOTAL		78	101
HANDICAPPED ACCESSIBLE	1 SPACE PER 25 SPOTS	4	5

*RESTAURANT PARKING REQUIREMENTS BASED ON MINIMUM OF 1 SPACE PER 3 SEATS OR 1 SPACE PER 50 SF OF FLOOR AREA
**FROM EXTERNAL LITERATURE, STALL ALLOTMENT NOT PROVIDED

Proper & O'Leary
Engineering, dpc
STRUCTURAL • CIVIL CONSULTANTS
2870 ROUTE 9, P.O. BOX 775
VALATIE, NY 12184
518.610.8331 www.po-eng.com

CONSTRUCTION & MGMT SERVICES
8 Railroad Avenue, Albany New York 12205
PH: (518) 459-1138

IT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW FOR ANY PERSON TO SIGN THESE PLANS, SPECIFICATIONS OR REPORTS IN ANY MANNER UNLESS HE IS ACTING UNDER THE SUPERVISION OF A LICENSED PROFESSIONAL ENGINEER.

P&O #:	150399.0
DATE:	OCTOBER 12, 2016
SCALE:	1:20
DRAWN BY:	ADN
DESIGNED BY:	RRW
CHECKED BY:	DBP
APPROVED BY:	DBP

REVISIONS:	
DATE	DESCRIPTION

SOUTHSIDE SQUARE
COMMERCIAL EXPANSION
PHASE 2

C/O AMSTERDAM
MONTGOMERY COUNTY, NEW YORK

PROPOSED SITE PLAN

C-1.0

PERMIT SET



CITY OF AMSTERDAM
PLANNING COMMISSION
AMSTERDAM CITY HALL
61 CHURCH STREET
AMSTERDAM, NEW YORK 12010
PHONE (518)841-4319 FAX (518)841-4310

Office Use Only:

Application # 23-19P
Date Received 6/13/23

PLANNING COMMISSION APPLICATION

All fields must be printed clearly or typed.

☒ SITE PLAN REVIEW ☒ SPECIAL USE PERMIT ☐ SUBDIVISION OF LAND ☐ SKETCH PLAN CONFERENCE

PROJECT NAME: Amsterdam Cannabis, LLC

PROJECT ADDRESS: 1451 State Route 5S Amsterdam, NY (1549) S/B/L: 55.14-1-3
Number Street

Which Zoning District is the project located within?

☐ Low Density Neighborhood ☐ Medium Density Neighborhood ☐ Medical Residential Neighborhood
☐ Downtown Core ☐ Employment District ☐ Commercial Corridor ☒ Light Industrial District

Is the property located within the Form-Based Code overlay zone?

☐ Yes ☒ No

Is the property located within the Greenway Corridor Overlay zone?

☐ Yes ☒ No

Is the property located within the Gateway Overlay zone?

☐ Yes ☒ No

Is the property located within 500 feet of the Montgomery County referral buffer zone?

☒ Yes ☐ No

Is the property located within 500 feet of a State or County highway?

☒ Yes ☐ No

APPLICANT NAME*: Mohawk Properties LLC

*Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address: 96 Guy Park Avenue, Amsterdam NY 12010
Number Street City State Zip
Phone No. 518-459-1128 Fax 518-459-1154 Email paul@arcon.bz

OWNER NAME: Mohawk Properties, LLC

Address: 96 Guy Park Avenue Amsterdam NY 12010
Number Street City State Zip
Phone No. 518-459-1128 Fax 518-459-1154 Email paul@arcon.bz

ATTORNEY/ AGENT: N/A

Address: _____
Number Street City State Zip
Phone No. _____ Fax _____ Email _____

If there are additional applicants/owners, please submit separately.

Who will be the PRIMARY contact person? ☐ Applicant ☒ Owner ☐ Agent

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT:

Approval to allow our tenant, Market Street Fort LLC, to have a cannabis dispensary in this building, under the business name Amsterdam Cannabis, LLC.

Office Use Only:

Application # 23-19P

Fee Schedule

Site Plan Review:	Residential:	
	Up to \$50,000.....	<input type="checkbox"/> \$50
	between \$50,000 - \$100,000.....	<input type="checkbox"/> \$100
	between \$100,000 - \$150,000.....	<input type="checkbox"/> \$150
	For every \$50,000 above \$150,000.....	<input type="checkbox"/> \$50
Commercial:		
	Up to \$50,000.....	<input checked="" type="checkbox"/> \$75
	between \$50,000 - \$100,000.....	<input type="checkbox"/> \$150
	between \$100,000 - \$150,000.....	<input type="checkbox"/> \$225
	For every \$50,000 above \$150,000.....	<input type="checkbox"/> \$75
Special Use Permit:	Residential	<input type="checkbox"/> \$50
	Commercial	<input checked="" type="checkbox"/> \$75
All Subdivisions		<input type="checkbox"/> \$50
Total:		\$ 150.00

A check payable to the City of Amsterdam must accompany this application.

Submission Deadline

The Planning Commission meets the fourth Wednesday of each month. Dates may vary due to holidays.
Complete applications must be received 15 days prior to the next scheduled meeting to be included on the agenda.

We must receive the original, completed application packet + 11 copies.

Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? ☐ Yes ☒ No

If Yes, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

Certification, Permission, and Authorization: As the owner, leasee, or purchaser under contract for the property that is the subject of this application, I hereby certify that the above information is correct and that I have submitted herewith all documentation required or requested a waiver in writing for any documentation not submitted. I hereby authorize members of the Planning Commission and designated City of Amsterdam staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application. I hereby certify that there are no outstanding code violations on any owned properties within the City of Amsterdam for the applicant and property owner, if property owner is different from the applicant. I hereby authorize the person or entity listed herein as the Agent to represent my interests before the City in connection with this application.

Applicant Signature: _____ *[Signature]* MANAGING MEMBER Date 6/9/23

Owner Signature: _____ *[Signature]* MANAGING MEMBER Date 6/14/23

Building/Zoning official receiving application: _____ *[Signature]* Date 6/13/23



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PLANNING COMMISSION
AMSTERDAM CITY HALL
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PHONE (518)841-4319 FAX (518)841-4310

Application # 23-19p

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Number Street Name of Business/Tenant

Mohawk Properties, LLC

APPLICANT'S NAME* [Signature] 6/9/23
Date

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Phone No. (518) 459-1128 Fax (518) 459-1154 Email paul@arcon.bz

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PROPOSED USE: (Check where applicable and provide gross floor area for each use – including basement areas)

Use	Gross Floor Area	sq. ft.	Use	Gross Floor Area	sq. ft.
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Number of Parking Spaces	<u>101</u>	<u>0</u>	<u>101</u>	

If change in tenant: Name of previous tenant/business: Market Street Fort LLC, sub-leasing portion of building

Specific activities of previous use: Business Office

Present (if any) number of employees at maximum shift: 2 Present (if any) number of shifts: 1

Proposed number of employees at maximum shift: 10 Proposed number of shifts: 2

Proposed Days & Hours of operation: Monday thru Sunday, 10 am till 8 pm

SITE PLAN CHECKLIST


All items on the list must be included with the Site Plan Application

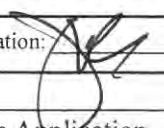
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- ☐ Environmental assessment form. An application for site plan review and approval shall also be accompanied by a short or full EAP as required by SEQRA, Article 8 of the Environmental Conservation Law and Title 6 Part 617 NYCRR.

A CERTIFIED DRAWING INCLUDING THE FOLLOWING:

- ☐ Title of drawing, including name and address of applicant and person(s) responsible for preparation of such drawing.
- ☐ North arrow, scale and date.
- ☐ Accurate boundaries of the property plotted to scale, showing location & names of adjacent streets, access to adjacent streets, existing buildings and other improvements (identify use of each building), and site coverage statistics
- ☐ Preliminary drawings showing location, proposed use and height of all buildings, including:
 - ☒ General floor plans
 - ☐ Exterior elevations
 - ☐ Overall dimensions
 - ☐ Design and exterior materials
- ☐ Existing/proposed pedestrian & bicyclist accommodations
- ☐ Location of outdoor storage for equipment and materials, if any.
- ☒ Existing/proposed parking & circulation, including
 - ☐ Number of off-street parking spaces, including accessible spaces, as required by Chapter 250, Section 39
 - ☐ Bicycle parking
 - ☐ Location of off-street loading
- ☐ Fencing and/or screening
- ☐ Landscaping
- ☐ Outdoor lighting
- ☐ Signage, showing the following:
 - ☐ Placement on the building
 - ☐ Size
 - ☐ Colors
 - ☐ Material
 - ☐ Illumination

Acknowledgement. The undersigned acknowledges that he or she has provided all information and materials required herein or provided a written waiver request with a narrative justification for each item not submitted.

Applicant Signature:  MANUEL MENDEZ Date 6.9.23

Building/Zoning official receiving application: 

Date 6/13/23



1459 State Route 5S, Amsterdam, NY



Short Environmental Assessment Form

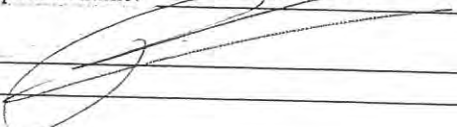
Part 1 - Project Information

Instructions for Completing

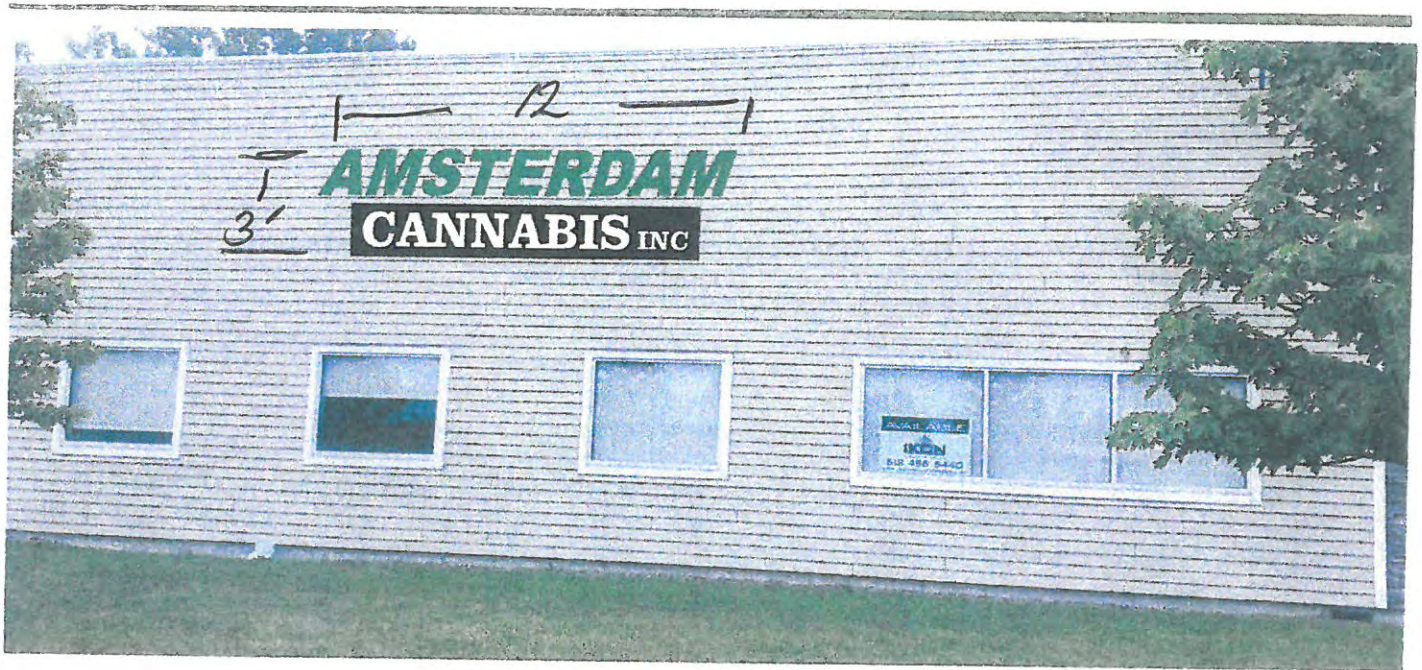
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information							
Mohawk Properties, LLC							
Name of Action or Project: Market Street Fort LLC							
Project Location (describe, and attach a location map): 1459 State Route 5S Amsterdam, NY							
Brief Description of Proposed Action: Seek approval to lease existing office building to Market Street Fort LLC							
Name of Applicant or Sponsor: Mohawk Properties, LLC		Telephone: 518-459-1128					
		E-Mail: paul@arcon.bz					
Address: 96 Guy Park Avenue							
City/PO: Amsterdam		State: NY	Zip Code: 12010				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. a. Total acreage of the site of the proposed action?		4.06 acres					
b. Total acreage to be physically disturbed?		0 acres					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		4.06 acres					
4. Check all land uses that occur on, are adjoining or near the proposed action:							
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)							
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):							
<input type="checkbox"/> Parkland							

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
_____ _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
_____ _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
_____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Mohawk Properties LLC</u> Date: _____		
Signature:  Title: <u>Managing Member</u>		

PRINT FORM



<https://mail.google.com/mail/u/0/#inbox/FMfcgzGsnBgZltclHzfBFLswHZdbVRpq?projector=1>

1/1

**Adirondack Neon Signs
& Commercial Lighting
Amsterdam, NY 12010
(518) 843-5889**



Matthew Moller <mollertaxservices@gmail.com>

Fwd: OCM CLS License Provisional Approval - OCMCAURD-2022-000300

1 message

Anthony Marcellino <antmarce@aol.com>
To: Matthew Moller <mollertaxservices@gmail.com>

Tue, Jun 13, 2023 at 8:59 AM

Sent from my iPhone

Begin forwarded message:

From: noreply@ocm.ny.gov
Date: April 6, 2023 at 9:22:29 AM EDT
To: antmarce@aol.com
Cc: antmarce@aol.com, Tommygunz5@gmail.com
Subject: OCM CLS License Provisional Approval - OCMCAURD-2022-000300

**New York State
Office of Cannabis Management**

Application #: OCMCAURD-2022-000300

Business Entity/Legal Name: AMSTERDAM CANNABIS, INC.

License or Permit Type: Adult-Use Conditional Retail Dispensary License

Fee Paid: \$2000.00

Your New York State Adult-Use Conditional Retail Dispensary License application has been selected for provisional approval status. The Office will be sharing information with the Primary Contact listed on the application including additional details and next steps to complete the application for final licensure..

If you need assistance or have any questions, please contact the Adult-use Cannabis Program by phone at 1-888-OCM-5151 (1-888-626-5151) or by e-mail at AULicensing@ocm.ny.gov.

Sincerely,

Office of Cannabis Management

Website: <https://cannabis.ny.gov>

Email: AULicensing@ocm.ny.gov

Phone: 1-888-OCM-5151 (1-888-626-5151)

AMSTERDAM CANNABIS INC.

JUNE 13, 2023

CITY OF AMSTERDAM, NY REQUEST – SECURITY PLAN & TRAFFIC



AMSTERDAM CANNABIS, INC.

CORPORATE POLICIES AND PROCEDURES

POLICY YEAR: 2023

POLICY NAME: SECURITY PLAN

Area of Focus: Security

Date Issued: June 3, 2022

Approved by Vice President: Anthony Marcellino

SECURITY PLAN

Objective: To provide guidance to employees and contractors regarding Amsterdam Cannabis Security plan and measures. To assure and instill the feeling of safety and a safe/secure environment to purchase cannabis for all of our staff and customers. To make Amsterdam Cannabis a safe and enjoyable experience.

- To create a safe and secure environment for cannabis products to be displayed and sold to consumers entering the business.
- To purchase and operate a surveillance camera system that will monitor both the inside and outside of the AMSTERDAM CANNABIS, INC. facility to help protect employees and patrons of the establishment. Also this system will help to prevent theft and when theft is present will allow the managers/owners to look into the situation or scenarios surrounding the theft.
- AMSTERDAM CANNABIS, INC. will employ staff that will be trained in house at the facility and on how to handle patrons in all situations. Staff will be required to monitor & assist in continual flow of consumer buying experience, limiting the amount of congested lines and waiting time. Staff will monitor the patrons and when necessary, will be tasked with escorting unruly patrons from the property. Additionally, if necessary, the local police will be contacted if the patron refuses to vacate the property.
- A designated parking lot will be available to all customers visiting the AMSTERDAM CANNABIS, INC. facility and will allow them to park their vehicle if they intend to enter the store as a patron. The parking lot will be under camera surveillance and will also be monitored in person by staff.
- During peak hours or on busy business day's customers may be asked to wait in line outside of the AMSTERDAM CANNABIS, INC. facility. If so, a roped off area, to the right of the entrance will be used to form that line. AMSTERDAM CANNABIS, INC. staff will monitor the line and help to provide information pertaining to the AMSTERDAM CANNABIS, INC. products sold as well as helping to explain procedures to patrons on what they are to expect once allowed into the AMSTERDAM CANNABIS, INC. facility.
- Patrons entering the AMSTERDAM CANNABIS, INC. facility will enter into a locked vestibule where they will be asked to present valid identification to the AMSTERDAM CANNABIS, INC. staff

in order to verify the patrons age prior to them being allowed to enter the showroom of the AMSTERDAM CANNABIS, INC. facility.

- After purchasing product at the AMSTERDAM CANNABIS, INC. facility patrons will be directed to exit the building and the parking lot so other potential patrons may enter the facility.
- In the case of emergency situations such as patron injuries, defiant or combative patrons and all others deemed to be hostile or disruptive to the business conducted at the AMSTERDAM CANNABIS, INC. facility the correct authority will be contacted to assist in the handling of that situation.

*Patron injured on site call ***911**

*Patron acting violent or combative towards staff, call

- **518-842-1100 (Amsterdam Police)**
- **518-853-5500 (Montgomery County Sheriff)**
- **911 - Emergency**

- AMSTERDAM CANNABIS, INC. Customer occupancy level will be kept at a controllable amount and based on thresholds set forth from management
 - Limited Amount of customers allowed in store at one time.
 - Keep a bud tender and patron ratio fair to provide proper experience, service and ability to handle situations that arise with customers
 - ID Check & Entrance Staff will oversee monitoring of volume of customers in store and arriving. Once maximum occupancy in store threshold hits, outside patrons must await the exit of in store shopping patrons. Management/Designated Staff will need to determine when to notify staff to limit entrance and maintain line & crowd outside.
 - Designated Staff will be assigned roles and duties regarding entrance and exit of building, if necessary
- Security focus will be inside of store with traffic control and parking procedures for guidance outside of the store.
- Amsterdam Cannabis security measures and procedures are to be followed in store only. Parking lot security procedures and policies will default to NYS Law.
- Amsterdam Cannabis Inc will not be liable for any lost or stolen property in parking lot or vehicle.

AMSTERDAM CANNABIS, INC.

CORPORATE POLICIES AND PROCEDURES

POLICY YEAR: 2023

POLICY NAME: TRAFFIC CONTROL POLICIES AND PROCEDURES

Area of Focus: Security

Date Issued: June 3, 2022

Approved by Vice President: Anthony Marcellino

PARKING & TRAFFIC CONTROL

Objective: To provide & contribute to a safe & controlled parking lot for patrons, employees, passerby, neighboring commercial & residential people and places.

- Patrons, customers arriving by vehicle will park in available public parking spaces in plaza
- Employees will be required to park off to the side of 1549 NY-5 Building location or behind plaza; management will show designated area during onboarding.
 - Handicap or pregnant female employees are allowed to park in designated areas in front or near front of building.
 - After dark, approximately 5:30pm in the winter in Amsterdam, NY, all female employees will be required to park near facility, in lighted, in sight of store front.
 - All other employees are asked to park in designated areas.
- Designated Areas will be available for Handicap & Expecting Mothers
 - During high volume or peak times; additional signage and assistance in parking lot shopping guidance
- If necessary, staff will speak to Cannabis patrons regarding any parking lot issue brought to attention by landlord.
- Proper & Appropriate Signage and heavy duty outdoor Directional Signage for Amsterdam Cannabis customers
 - Distance, No Parking or Towing areas are identified through out parking lot.
- Provide Adequate Information regarding parking

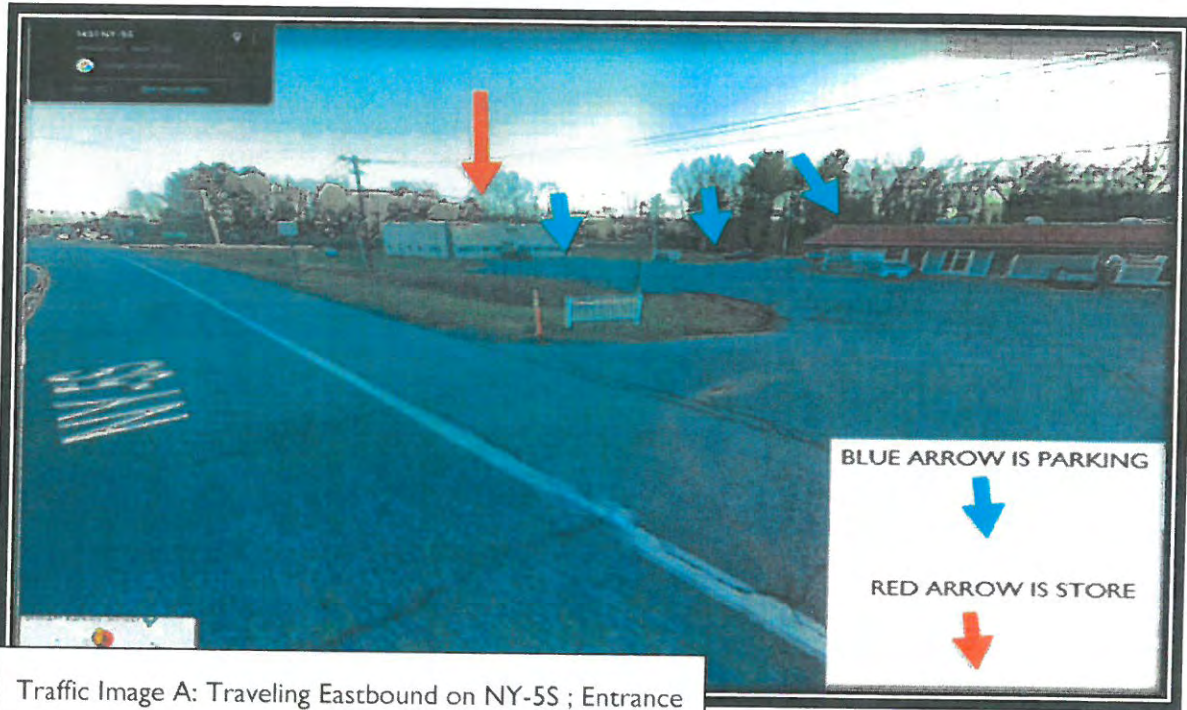
Control Techniques Planned for NYS-HWY-5S and facility parking lot:

- All serious traffic issues or control problems, will contact Amsterdam Police Department to follow local laws and ordinances surrounding traffic control.
 - Amsterdam Police Department: 518-842-1100
- Ensure Safety for the public, work crews, motorists, cyclists, and pedestrians.

- Do not allow any blockage of the entrance & exit to the plaza and store parking lot area
 - No parking, stopping, standing, or
- Provide guidance for safe entrance & exit routes, to warn, control, protect, and expedite vehicular and pedestrian traffic.
- Provide safe access for police, fire, and rescue vehicles
- Prevent damage to private and public property, including damage to vehicles & facilities.
- Minimize & reduce risk or accidents in parking lot by implementing preventive measures
- Minimize the possibility of claims and litigation from accidents.
- Reduce confusion to motorists, bicycles, and pedestrians.
- Insure conformity with national, state and city regulations for traffic control.

**Contact Amsterdam Police Department for Traffic Control Support
518-842-1100**

AMSTERDAM CANNABIS, INC. CORPORATE POLICIES AND PROCEDURES



SIDEWALK

2 A202

RELOCATION

